

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # G91448**1. Entity Name  
SUMMIT COMMERCIAL PROPERTIES, INC.

## Principal Place of Business

815 S MAIN ST  
2ND FLOOR  
JAX  
32207  
US

FL

## Mailing Address

815 S MAIN ST  
6TH FLOOR  
JAX  
32207  
US

FL

## 2. Principal Place of Business

815 S MAIN ST

## 3. Mailing Address

815 S MAIN ST

Suite, Apt. #, etc.  
2ND FLOORSuite, Apt. #, etc.  
6TH FLOORCity & State  
JACKSONVILLE  
FLCity & State  
JACKSONVILLE  
FLZip  
32207  
Country  
USZip  
32207  
Country  
US4. FEI Number  
59-2388869Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

PRICE, R.J.  
815 S MAIN STREET  
6TH FLOOR  
JACKSONVILLE  
32207  
US

FL

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ 04/27/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FROCKT JERRY B	
STREET ADDRESS	815 S MAIN ST, 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STRICKLAND, BARBARA S.	
STREET ADDRESS	815 S MAIN ST, 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRICE, R.J.	
STREET ADDRESS	815 S MAIN ST, 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BELL, A.QUINN	
STREET ADDRESS	815 S MAIN ST, 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SUDDATH, STEPHEN M.	
STREET ADDRESS	815 S MAIN ST, 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, BARBARA S.	
STREET ADDRESS	815 S MAIN ST, 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, R.J.	
STREET ADDRESS	815 S MAIN ST, 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, A.QUINN	
STREET ADDRESS	815 S MAIN ST, 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUDDATH, STEPHEN M.	
STREET ADDRESS	815 S MAIN ST, 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. PRICE

TD

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)