

# 2002 UNIFORM BUSINESS REPORT (UBR)

0029182

DOCUMENT # L00000005247

1. Entity Name

SUMMIT OF SAWGRASS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 12 PM 4:03

Principal Place of Business Mailing Address  
2850 LAKE WASHINGTON ROAD, SUITE 2 2850 LAKE WASHINGTON ROAD, SUITE 2  
MELBOURNE FL 32935 MELBOURNE FL 32935



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3646793

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACKERMAN, MARK D  
2850 LAKE WASHINGTON ROAD, SUITE 2  
MELBOURNE FL 32935

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

400005097354--0  
-03/12/02--01058--032  
\*\*\*\*\*111.25 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME ACKERMAN, MARK D  
STREET ADDRESS 2850 LAKE WASHINGTON ROAD, SUITE 2  
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Officer  
NAME Lon S. Ackerman  
STREET ADDRESS 1148 Wimbledon Drive  
CITY-ST-ZIP Melbourne, FL 32940 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Officer  
NAME Robert Ackerman  
STREET ADDRESS 2850 Lk. Washington Rd., Ste 2  
CITY-ST-ZIP Melbourne, FL 32935 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Officer  
NAME Peter Profumo  
STREET ADDRESS 515 S. Industry Road  
CITY-ST-ZIP Cocoa, FL 32926-5874 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)