

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90107 018 \*\*\*\*50.00

**DOCUMENT # L02000011737**

1. Entity Name  
**SUMMERHAVEN DEVELOPERS, LLC**



Principal Place of Business

**8951 A1A SOUTH  
ST. AUGUSTINE FL 32080**

Mailing Address

**8951 A1A SOUTH  
ST. AUGUSTINE FL 32080**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 897**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Flagler Beach, FLA.**

4. FEI Number

**30-0085240**

Applied For

Not Applicable

Zip

Country

Zip

**32136**

Country

**Flagler**

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

**BLOODWORTH, SUSAN S  
170 MALAGA ST., STE. A  
ST. AUGUSTINE FL 32084**

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. I am familiar with, and accept the obligations of registered agent.

**Dr**

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **PRESIDENT** ☐ Delete  
NAME **ERIC POPE**  
STREET ADDRESS **P.O. Box 973**  
CITY-ST-ZIP **WATKINSVILLE GA 30677**

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

TITLE **VICE PRESIDENT** ☐ Delete  
NAME **ALAN L. ZAMBA**  
STREET ADDRESS **15 BAY DRIVE**  
CITY-ST-ZIP **PALM COAST, FLA 32137**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:** **ERIC POPE**

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

**01/22/03**

Date

Daytime Phone #

**(706)  
769-5558**

CR2E083 (10/02)