

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L55929

1. Entity Name

SUMMIT REAL ESTATE, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90098 009 ***158.75

Principal Place of Business

25 FIFTH AVE
INDIALANTIC FL 32903

Mailing Address

25 FIFTH AVE
INDIALANTIC FL 32903-3152

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2998479

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, RICHARD L
200 S. HARBOR CITY BLVD
SUITE 501
MELBOURNE FL 32901

Name

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

25 Fifth Avenue

City

Indialantic

FL

Zip Code

32903

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/00

DATE

9. 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WINTON, TERRY	
STREET ADDRESS	959 BIVIERA DR NE	
CITY-ST-ZIP	PALEMBAY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PARKER, RICHARD	
STREET ADDRESS	417 MAGNOLIA	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PARKER, JOAN	
STREET ADDRESS	417 MAGNOLIA	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC/TREA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Caulfield	
STREET ADDRESS	25 Fifth Avenue	
CITY-ST-ZIP	Indialantic FL 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

(321) 724-2303

Daytime Phone #

CR2E034 (9/99)