

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000657

1. Entity Name

SUMMER BEACH RESORT, L.C.

FILED

01 MAY -4 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5456 FIRST COAST HIGHWAY  
AMELIA ISLAND FL 32084

Mailing Address

5456 FIRST COAST HIGHWAY  
AMELIA ISLAND FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3280302

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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

Name

KEITH M. KORSOG

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

5456 FIRST COAST HWY.

City

AMELIA ISLAND

FL

Zip Code

32034

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

*Keith M. Korsog*

KEITH M. KORSOG

4/26/01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WINSTON, JAMES H  
P.O. BOX 41605 N/A  
JACKSONVILLE FL 32203 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SANDS, JAMES U  
5456 FIRST COAST HIGHWAY  
AMELIA ISLAND FL 32084 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700004342197-6  
-06/05/01--01085--007  
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TITLE  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

James U. Sands, Mgr. 4/30/01

(904) 261-0624