

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90602 033 ***150.00

DOCUMENT # L96179

1. Entity Name
SUMMIT GLOBAL PARTNERS OF FLORIDA, INC.



Principal Place of Business
**3651 FAU BOULEVARD
SUITE 300
BOCA RATON FL 33481
US**

Mailing Address
**1445 BOSS AVE
STE 4200
DALLAS TX 75202
US**



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 **65-0214784**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete
NAME **HAYNES, JEFF**
STREET ADDRESS **770 S DIXIE HWY**
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE **SVP** ☐ Delete
NAME **LEONARD, RICHARD J**
STREET ADDRESS **185 NW SPANISH RIVER BLVD.**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **VP** ☐ Delete
NAME **SEGAL, ELLEN R.**
STREET ADDRESS **3651 FAU BOULEVARD SUITE 300**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **SVP** ☐ Delete
NAME **MORRIS, GARY H**
STREET ADDRESS **3651 FAU BOULEVARD STE 300**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **STEVE** ☐ Delete
NAME **PAN, JEFF C**
STREET ADDRESS **1445 ROSS AVE STE 4200**
CITY-ST-ZIP **DALLAS TX 75201**

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

TITLE **AS** ☐ Delete
NAME **BOWMAN, STEPHANIE**
STREET ADDRESS **1445 ROSS AVE STE 4200**
CITY-ST-ZIP **DALLAS TX 75201**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03 244433533
Date Daytime Phone #

CR2E034 (10/02)