

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0016225 AB

DOCUMENT # L97000000239

1. Entity Name -  
SUMMERLIN STORGARD V, L.C.

00 APR 21 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10791 SUMMERLIN ROAD  
FT. MYERS FL 33908

Mailing Address

~~647 MASSACHUSETTS SUITE 200~~  
LAWRENCE KS 66044 ~~2259 X~~



2. Principal Place of Business

3. Mailing Address

P.O. Box 1753

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

66044

Country

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0751122

Applied For

Not Applicable

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

PFLUGNER, J. GEOFFREY  
2033 MAIN STREET  
SUITE 101  
SARASOTA FL 34237

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**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete  
NAME SANTAULARIA, J.E.  
STREET ADDRESS ~~647 MASSACHUSETTS SUITE 200~~  
CITY-ST-ZIP LAWRENCE KS 66044

TITLE ☒ Change ☐ Addition  
NAME 1628 PRESTON DR  
STREET ADDRESS P.O. Box 1753  
CITY-ST-ZIP 05/09/00--01123--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MEM ☐ Delete  
NAME HEATHERWOOD HOMES, INC.  
STREET ADDRESS 17693 SUMMERLIN ROAD  
CITY-ST-ZIP FT MYERS FL 33908

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  
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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-17-00

785-749-0000

CR2E083 (9/99)