

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90033 011 ****50.00

DOCUMENT # L99000002547

1. Entity Name

SUMMER BAY MANAGEMENT, L.C.

Principal Place of Business

**17805 U.S. HIGHWAY 192
CLERMONT FL 34711**

Mailing Address

**17805 U.S. HIGHWAY 192
CLERMONT FL 34711**

2. Principal Place of Business

25 TOWN CENTER BLVD.

3. Mailing Address

25 TOWN CENTER BLVD.

Suite, Apt. #, etc.

SUITE C

Suite, Apt. #, etc.

SUITE C

City & State

CLERMONT, FL

City & State

CLERMONT, FL

Zip

34711

Country

USA

Zip

34711

Country

USA

4. FEI Number

36-4293518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CALDWELL, PAUL M ATTY
17805 U.S. HIGHWAY 192
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name **CALDWELL, PAUL M.**
 Street Address (P.O. Box Number is Not Acceptable)
25 TOWN CENTER BLVD.
SUITE C
 City **CLERMONT, FL** Zip Code **34711**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **SCOTT, JOE H SR**
 STREET ADDRESS **17805 U.S. HIGHWAY 192**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

4-19-02 (352)242-2670

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

Date

Daytime Phone #

CR2E083 (9/01)