

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90100 027 ****61.25

DOCUMENT # N47747

1. Entity Name

SUMMERLIN CENTER ASSOCIATION, INC.



Principal Place of Business

5728 MAJOR BLVD
SUITE 309
ORLANDO FL 32819
US

Mailing Address

C/O L.F. EMERSON
116 30TH AVENUE S
NASHVILLE TN 37212
US

2. Principal Place of Business

116 30th Ave S

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Nashville, TN

City & State

4. FEI Number 65-0319936

Applied For

Not Applicable

Zip

37212

Country

us

Zip

Country

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

MARLING, HEIDI

5728 MAJOR BLVD SUITE 309
ORLANDO FL 32819

Name

TOM WOODYARD

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

7980 SUMMERLIN LAKES DRIVE, SUITE 201

City

FT MYERS

FL

33907

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

Heidi Marling

3/5/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Delete
NAME EMERSON, L F
STREET ADDRESS 116 30TH AVENUE S
CITY-ST-ZIP NASHVILLE TN 37212

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

TITLE VD ☐ Delete
NAME EMERSON, LUKE
STREET ADDRESS 116 30TH AVENUE S
CITY-ST-ZIP NASHVILLE TN 37212

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

TITLE TD ☐ Delete
NAME SELLARS, KATHY
STREET ADDRESS 103 ASHLAWN
CITY-ST-ZIP FRANKLIN TN 37064

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address with all other like empowered.

SIGNATURE:

Heidi Marling

3/5/03

612 306224

CR2E037 (10/02)