

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001044

1. Entity Name

SUMMERPARK HOMES, INC.

Principal Place of Business

279 CHISWELL PLACE
HEATHROW FL 32746

Mailing Address

279 CHISWELL PLACE
HEATHROW FL 32746

2. Principal Place of Business

2989 West S.R. 434

3. Mailing Address

2989 West S.R. 434

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

59-3616421

Applied For

Not Applicable

Zip

32779

Country

U.S.A.

Zip

32779

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIMILLO, LOUIE
279 CHISWELL PLACE
HEATHROW FL 32746

7. Name and Address of New Registered Agent

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

Louie Di Millo

April 20, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DIMILLO, LOUIE
STREET ADDRESS 279 CHISWELL PLACE
CITY-ST-ZIP HEATHROW FL 32746

TITLE D ☐ Delete
NAME DIMILLO, CAROL
STREET ADDRESS 279 CHISWELL PLACE
CITY-ST-ZIP HEATHROW FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Louie Di Millo

4-20-01

(407) 788-0288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0047952

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90393 007 ***150.00

D0041794



DO NOT WRITE IN THIS SPACE