2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
05-03-2002 90045 019 ***150.00

DOCUMENT # P00000087186

1. Entity Name
SUMMER BAY INNS, INC.

Principal Place of Business	Mailing Address
17805 US HIGHWAY 192 CLERMONT FL 34711	17805 US HIGHWAY 192 CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
25 TOWN CENTER BLVD.		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 59-3680047 ☐ Applied For ☐ Not Applicable

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
CALDWELL, PAUL M 17805 US HIGHWAY 192 CLERMONT FL 34711	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

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCOTT, JOE H SR. 1065 EXECUTIVE PKWY., STE. 300 ST. LOUIS MO 63141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCOTT, LORETTA A 1065 EXECUTIVE PKWY., STE. 300 ST. LOUIS MO 63141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED 4-19-02 (352)242-2670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)