

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90385 028 \*\*\*150.00

734672



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P00000117917**

1. Entity Name

**SUMMERPORT DEVELOPMENT COMPANY**

Principal Place of Business

1420 EAST ROBINSON STREET  
 ORLANDO FL 32801

Mailing Address

1420 EAST ROBINSON STREET  
 ORLANDO FL 32801

2. Principal Place of Business

116 E. Plant Street

Suite, Apt. #, etc.

3. Mailing Address

116 E. Plant Street

Suite, Apt. #, etc.

City & State

Winter Garden FL

City & State

Winter Garden FL

4. FEI Number

59-3701325

Applied For

Not Applicable

Zip

34787

Country

USA

Zip

34787

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KARR, THOMAS J JR  
 527 MAIN STREET  
 WINDERMERE FL 34786

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

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	DP	<input type="checkbox"/> Delete
NAME	Edward C. Neill	
STREET ADDRESS	2965 Tate Blvd SE	
CITY-ST-ZIP	Hickory NC 28601	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	Donald R Allen Jr	
STREET ADDRESS	116 E Plant St	
CITY-ST-ZIP	Winter Garden FL 34787	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	Lee G. Brown	
STREET ADDRESS	2015 Government Ave SW 208	
CITY-ST-ZIP	Hickory NC 28602	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	R. Keith Townsend	
STREET ADDRESS	2015 Government Ave SW 208	
CITY-ST-ZIP	Hickory NC 28602	
TITLE	DST	<input type="checkbox"/> Delete
NAME	Thomas Hager	
STREET ADDRESS	13900 Conlan Circle 240	
CITY-ST-ZIP	Charlotte NC 28277	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	Thomas J. Karr	
STREET ADDRESS	527 Main St	
CITY-ST-ZIP	Windermere	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01 407-654-5355  
 Date Daytime Phone #