

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90226 021 ***150.00

DOCUMENT # P94000089186

1. Entity Name

THE SUMMIT AT TOPS'L, INC.

Principal Place of Business

**1000 RIDGEWAY LOOP RD
 STE 320
 MEMPHIS TN 38120
 US**

Mailing Address

**1000 RIDGEWAY LOOP RD
 STE 320
 MEMPHIS TN 38120
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3293708

Applied For

Not Applicable

Zip

Country

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

**KAMM, ROBERT T
 4000 SANDESTIN BLVD SOUTH
 % HILTON SANDESTIN
 DESTIN FL 32550**

Name

Frank L. Flautt Jr

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

4000 Sandestin Blvd South

City

Destin

FL

Zip Code

32550

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

Frank L. Flautt Jr

(NOTE: Registered Agent signature required when reinstating)

DATE

1.14.02

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **FLAUTT, FRANK L JR.**
 CITY-ST-ZIP **1000 RIDGEWAY LOOP RD, STE 320
 MEMPHIS TN 38120**

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **KAMM, ROBERT T**
 CITY-ST-ZIP **4000 SANDESTIN BLVD SOUTH
 DESTIN FL 32550**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Frank L. Flautt Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02
 Date

901-681-5181
 Daytime Phone #

0804741 AT

CR2E034 (9/01)