

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102437

1. Entity Name

SUMMER LAKE, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90029 023 ***150.00

Principal Place of Business

Mailing Address

340 OLD HWY 98
DESTIN FL 32541
US

340 OLD HWY 98
DESTIN FL 32541-7023
US

2. Principal Place of Business

340 Old Hwy 98

Suite, Apt. #, etc.

3. Mailing Address

4641 Evelyn St

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DESTIN FL

City & State

PACE FL

4. FEI Number

59-3430537

Applied For

Not Applicable

Zip

32541

Country

USA

Zip

32571

Country

USA

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

BUCHANAN, R. M. III
4641 EVELYN ST
PACE FL 32571

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, 2000 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 D ☐ Delete
NAME BUCHANAN, ROBERT M JR
STREET ADDRESS 4761 TERRASANTA
CITY-ST-ZIP PENSACOLA FL 32504

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

TITLE D ☐ Delete
NAME MORRIS, JIMMY D
STREET ADDRESS 6421 HEATHER MARIE LANE
CITY-ST-ZIP PANAMA CITY FL 32404

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

TITLE S ☐ Delete
NAME BUCHANAN, R M III
STREET ADDRESS 4641 EVELYN ST
CITY-ST-ZIP PACE FL 32571

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

R M Buchanan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00
Date

850/650-3030
Daytime Phone #

CR2E034 (9/99)