

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083623

1. Entity Name

SUMMERWIND HOMES, INC.

Principal Place of Business

4093 N LECANTO HWY  
BEVERLY HILLS FL 34465  
US

Mailing Address

4093 N. LECANTO HWY  
BEVERLY HILLS FL 34465-3551

2. Principal Place of Business

4065 N. LECANTO HWY

3. Mailing Address

4065 N. LECANTO HWY

Suite, Apt. #, etc.

SUITE 500

Suite, Apt. #, etc.

SUITE 500

City & State

BEVERLY HILLS, FL

City & State

BEVERLY HILLS, FL

Zip

34465

Country

CITRUS

Zip

34465

Country

CITRUS

6. Name and Address of Current Registered Agent

UCCI, BASIL  
4093 N. LECANTO HWY  
BEVERLY HILLS FL 34465

7. Name and Address of New Registered Agent

Name JUDITH S. HADLEY  
Street Address (P.O. Box Number is Not Acceptable)  
4065 N. LECANTO HWY -  
SUITE 500  
City BEVERLY HILLS, FL FL Zip Code 34465

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

TITLE	P	<input type="checkbox"/> Delete
NAME	UCCI, BASIL	
STREET ADDRESS	15 FIDDLEWOOD COURT	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	HADLEY, JUDITH S	
STREET ADDRESS	3229 S. JEAN AVE	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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

Date

Daytime Phone #

FILED  
May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90031 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0789699  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

CR2E034 (9/99)

4-30-00 352-527-8035