

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000030223**Entity Name
SUMMERPORT LAND COMPANY**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90123 041 ***150.00

Principal Place of Business
1420 E ROBINSON ST
ORLANDO FL 32801
USMailing Address
1420 E ROBINSON ST
ORLANDO FL 32801
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3502816**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****KARR, THOMAS J JR.**
527 MAIN STREET
WINDERMERE FL 34786

Name

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

City

FL

Zip Code

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
DVP KARR, THOMAS J 527 MAIN ST WINDERMERE FL 34786 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DVP ALLEN, JR, DONALD R 1420 E ROBINSON ST ORLANDO FL 32801 <input type="checkbox"/> Delete	DVP Allen, Jr. Donald R 16 E Plant Street Winter Garden FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D BROWN, LEE G 201 GOVERNMENT AVE SW STE 208 HICKORY NC 28602 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DST HAGER, THOMAS 13900 CONLAN CIR STE 240 CHARLOTTE NC 28277 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DAS TOWNSEND, R. KEITH 201 GOVERNMENT AVE SW STE 208 HICKORY NC 28602 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP NEILL, EDWARD 2965 TATE BLVD SE HICKORY NC 28601 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

2/6/02

Date

1076545355

Daytime Phone #

CR2E034 (9/01)