

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90024 022 ***150.00

DOCUMENT # P99000045569

1. Entity Name
SUMMERTREE DEVELOPMENT II, INC.

Principal Place of Business

C/O PETER HOFSTRA
8640 SEMINOLE BLVD.
SEMINOLE FL 33772

Mailing Address

C/O PETER HOFSTRA
8640 SEMINOLE BLVD.
SEMINOLE FL 33772

2. Principal Place of Business

POST OFFICE BOX 4696

Suite, Apt. #, etc.

3. Mailing Address

POST OFFICE BOX 4696

Suite, Apt. #, etc.

City & State

SEMINOLE FL

City & State

SEMINOLE, FLORIDA

Zip

33775

Country

USA

Zip

33775

Country

USA

4. FEI Number

59-3610453

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOFSTRA, PETER T
8640 SEMINOLE BOULEVARD
SEMINOLE FL 33772

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, 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

TITLE **PD** ☐ Delete
NAME **LEACH, GERALD J**
STREET ADDRESS **PO BOX 4696**
CITY-ST-ZIP **SEMINOLE FL 33775**

TITLE **STD** ☐ Delete
NAME **ENGELHARDT, DANIEL A**
STREET ADDRESS **P O BOX 4696**
CITY-ST-ZIP **SEMINOLE FL 33775**

TITLE **VPD** ☐ Delete
NAME **ENGELHARDT, STEVE E**
STREET ADDRESS **P O BOX 4696**
CITY-ST-ZIP **SEMINOLE FL 33775**

TITLE **VPD** ☐ Delete
NAME **ENGELHARDT, PAUL D**
STREET ADDRESS **P O BOX 4696**
CITY-ST-ZIP **SEMINOLE FL 33775**

TITLE **D** ☐ Delete
NAME **ENGELHARDT, BARBARA J**
STREET ADDRESS **P O BOX 4696**
CITY-ST-ZIP **SEMINOLE FL 33775**

TITLE **D** ☐ Delete
NAME **RUGGLES, THOMAS W**
STREET ADDRESS **PO BOX 4696**
CITY-ST-ZIP **SEMINOLE FL 33775**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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 reported.

SIGNATURE:

Gerald J. Leach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GERALD J. LEACH **2/14/02** **727-593-7716**
 Date Daytime Phone #

CR2E034 (9/01)