2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

11711 TARPON SPRINGS ROAD

DOCUMENT # \$51498

1. Entity Name

Principal Place of Business

11711 TARPON SPRINGS ROAD

SIGNATURE:

SUMMERWOOD GARDENS, INC.

ODESSA FL 33556		ODESSA FL 33556-5148				O A G A A				
		10 Marian Addison								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SF	PACE		
City & State		City & State			4. F	4. FEI Number 59-3069292 - Applied For Not Applicable				
Zip	Country	Zip	Zip Count		5. (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						
					Name					
THWAITES, RICHARD L. 11711 TARPON SPRINGS ROAD				Street Address (P.O. Box Number is Not Acceptable)						
ODES		0::		· · ·		· <u></u>	T 7:- 0 - 4-			
				City	•	:	FL	Zip Code	,	
CICNIATUDE	named entity submits this statement for statement for signature, typed or printed name of registered agent				registered ago		orida.			
	Signature, typed or printed name of registered agent	and title if applicable. (NO)	E: Hegistered	a Agent signatur	e required when re	instaling)	- DATE			
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		50.00	10. Election Campaign Fir Trust Fund Contribution			May Be to Fees	
11. OFFICERS A		DIRECTORS	12.		AD	DITIONS/CHANGES TO OFF	CERS AND (DIRECTORS	IN 11	
TITLE NAME	D Delete THWAITES, RICHARD L		NAME	E				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	11711 TARPON SPRINGS RD ODESSA FL			ET ADORESS - ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THWAITES, CARROL Y 11711 TARPON SPRINGS RD ODESSA FL	☐ Delete						□ Change	Addition {	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ODESSATE	C Delete	TITLE NAME STREE	: -				Change	. Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete					•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete .						☐ Change	Addition	
TITLE NAME STREET ADDRESS	150	☐ Delete	TITLE NAMI STRE	, ,				☐ Change	☐ Addition	

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.

Apr 23, 2000 8:00 am Secretary of State

04-23-2000 90031 021 ***150.00

CR2E034 (9/99)