

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V42487

1. Entity Name

CAUSEWAY BRANCH ESTATES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90067 006 ***150.00

Principal Place of Business	Mailing Address
HIGHWAY 20 EAST BRISTOL FL 32321	P.O. BOX 237 BRISTOL FL 32321-0237

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3131140	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUMMERS, GLENN E. FLORIDA HIGHWAY 20 EAST BRISTOL FL 32321	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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SUMMERS, JAKE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>SUMMERS ROAD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BRISTOL RO 32321</td><td></td></tr></table>	TITLE	P	<input type="checkbox"/> Delete	NAME	SUMMERS, JAKE		STREET ADDRESS	SUMMERS ROAD		CITY-ST-ZIP	BRISTOL RO 32321		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																							
NAME	SUMMERS, JAKE																								
STREET ADDRESS	SUMMERS ROAD																								
CITY-ST-ZIP	BRISTOL RO 32321																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>VP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SUMMERS, DON</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1406 DEVILS DIP</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>TALLAHASSEE FL 32308</td><td></td></tr></table>	TITLE	VP	<input type="checkbox"/> Delete	NAME	SUMMERS, DON		STREET ADDRESS	1406 DEVILS DIP		CITY-ST-ZIP	TALLAHASSEE FL 32308		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete																							
NAME	SUMMERS, DON																								
STREET ADDRESS	1406 DEVILS DIP																								
CITY-ST-ZIP	TALLAHASSEE FL 32308																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>ST</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SUMMERS, BAUCHIE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>RT 1 BOX 12 A-1</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BRISTOL FL 32321</td><td></td></tr></table>	TITLE	ST	<input type="checkbox"/> Delete	NAME	SUMMERS, BAUCHIE		STREET ADDRESS	RT 1 BOX 12 A-1		CITY-ST-ZIP	BRISTOL FL 32321		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete																							
NAME	SUMMERS, BAUCHIE																								
STREET ADDRESS	RT 1 BOX 12 A-1																								
CITY-ST-ZIP	BRISTOL FL 32321																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SUMMERS, GLENN E</td><td></td></tr><tr><td>STREET ADDRESS</td><td>HIGHWAY 20 EAST</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BRISTOL FL 32321</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	SUMMERS, GLENN E		STREET ADDRESS	HIGHWAY 20 EAST		CITY-ST-ZIP	BRISTOL FL 32321		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	SUMMERS, GLENN E																								
STREET ADDRESS	HIGHWAY 20 EAST																								
CITY-ST-ZIP	BRISTOL FL 32321																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
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: Glenn E. Summers April 9, 2000 - 850-643-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)