

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90119 015 ***150.00

0588773 AT

DOCUMENT # V42487

1. Entity Name

CAUSEWAY BRANCH ESTATES, INC.

Principal Place of Business

**HIGHWAY 20 EAST
 BRISTOL FL 32321**

Mailing Address

**P.O. BOX 237
 BRISTOL FL 32321**

2. Principal Place of Business

3. Mailing Address

RR1; Box 176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bristol, FL

4. FEI Number

59-3131140

Applied For

Not Applicable

Zip

Country

Zip

Country

32321-9522

Liberty

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

**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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P. SUMMERS, JAKE**
 STREET ADDRESS **SUMMERS ROAD**
 CITY-ST-ZIP **BRISTOL RO 32321**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VP SUMMERS, DON**
 STREET ADDRESS **1406 DEVILS DIP**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ST. SUMMERS, BAUCHIE**
 STREET ADDRESS **RT-1 BOX 12 A-1**
 CITY-ST-ZIP **BRISTOL FL 32321**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D SUMMERS, GLENN E**
 STREET ADDRESS **HIGHWAY 20 EAST**
 CITY-ST-ZIP **BRISTOL FL 32321**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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 empowered.

SIGNATURE:

Glenn E. Summers **GLENN E. Summers** - 01-16-02 - 850-643-2291
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Director*

Date

Daytime Phone #

CR2E034 (9/01)