

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90213 044 ***150.00

DOCUMENT # F93000005767	
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1. Entity Name
GP JAMAICA BAY CORP.

Principal Place of Business SUITE 300 280 DAINES STREET BIRMINGHAM MI 48009	Mailing Address SUITE 300 280 DAINES STREET BIRMINGHAM MI 48009
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **38-3152197**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

RINES, MILTON
15235 S TAMIAMI TRAIL
FT MYERS FL 33908

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZLOTOFF, PAUL M 280 DAINES STREET, SUITE 300 BIRMINGHAM MI 48009 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOBERMAN, CHARLES 280 DAINES STREET, SUITE 300 BIRMINGHAM MI 48009 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERMELIN, BRIAN M 20500 CIVIC CENTER DRIVE, SUITE 3000 SOUTHFIELD MI 48037-0188 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, ARTHUR 280 DAINES ST SUITE 300 BIRMINGHAM MI 48009 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KOSTER, GLORIA A. 280 DAINES STREET, SUITE 300 BIRMINGHAM MI 48009 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(248) 645-9220
Date Daytime Phone #

CR2E034 (10/02)