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APPROVED
AND
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03 SEP -9 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000006972			
1. Entity Name SHOPPES AT FIDDLESTICKS OWNERS' ASSOCIATION, INC.			
Principal Place of Business 1803 BRIAR CREEK BLVD. SAFETY HARBOR, FL 34695		Mailing Address 1803 BRIAR CREEK BLVD. SAFETY HARBOR, FL 34695	
2. Principal Place of Business 6735 Telegraph Road Suite, Apt. #, etc. Suite 110		3. Mailing Address 6735 Telegraph Road Suite, Apt. #, etc. Suite 110	
City & State Bloomfield Hills, Michigan		City & State Bloomfield Hills, Michigan	
Zip 48301	Country USA	Zip 48301	Country USA
4. FEI Number 59-3750531		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAACK, JAMES A ESQ 900 DREW ST STE 1 CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
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 <i>Claudia L. Saari</i> Claudia L. Saari Asst. Secretary 9/2/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent must be a resident of the State of Florida.)			
FILE NOW: FEE IS \$81.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONROE, CHARLES H III 1803 BRIAR CREEK BLVD. SAFETY HARBOR, FL 34695 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael Gorge 6735 Telegraph Road, Suite 110 Bloomfield Hills, Michigan 48301 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAITZ, IRA 1803 BRIAR CREEK BLVD. SAFETY HARBOR, FL 34695 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Thomas Goldberg 6735 Telegraph Road, Suite 110 Bloomfield Hills, Michigan 48301 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONROE, CHAD 1803 BRIAR CREEK BLVD SAFETY HARBOR, FL 34695 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Frederick Goldberg 6735 Telegraph Road, Suite 110 Bloomfield Hills, Michigan 48301 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 executor or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.			
SIGNATURE: <i>[Signature]</i>		8/26/03 248-540-7600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

2003 AMENDED

CHECK HERE IF MAKING CHANGES

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