

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A30565**  
 1. Entity Name  
**ALPHA & CO., LTD.**

Principal Place of Business: **241 E. SAGINAW, SUITE 500 EAST LANSING MI 48823**  
 Mailing Address: **241 E. SAGINAW, SUITE 500 EAST LANSING MI 48823-2753**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **PO Box 4010**  
 Suite, Apt. #, etc.

City & State: **East Lansing MI**  
 4. FEI Number: **38-2926468**

Zip: **48826** Country: **MI**  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**FILED**  
**00 FEB -7 PM 4:16**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS ST**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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.

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

9. Capital Contributions as Shown on record: **\$8,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_  
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>P38927</b>	STREET ADDRESS	
NAME	<b>MICHIGAN LAKESHORE CO.</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>241 E. SAGINAW, #500</b>		
CITY - ST - ZIP	<b>EAST LANSING MI</b>		
DOCUMENT #	<b>P38928</b>	STREET ADDRESS	<b>400003128324--1</b>
NAME	<b>LAKESHORE LAND COMPANY</b>	CITY - ST - ZIP	<b>02/08/00 01126-021</b>
STREET ADDRESS	<b>241 E. SAGINAW, #500</b>		<b>****150.00 ****150.00</b>
CITY - ST - ZIP	<b>EAST LANSING MI</b>		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Amy A. Racmarone* **REQUIRED** **1-20-00** **(577) 336-7619**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

*Amy A. Racmarone - SECRETARY OF LAKESHORE LAND*