## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P14817 CHAMPION HOME BUILDERS CO. 04-24-2000 90044 006 \*\*\*150.00 Principal Place of Business Mailing Address SUITE 300, 2701 UNIVERSITY DRIVE SUITE 300, 2701 UNIVERSITY DRIVE AUBURN HILLS MI 48326-2566 AUBURN HILLS MI 48326 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. Applied For City & State City & State 4. FEI Number 38-2744984 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE SURLES, PHILIP C NAME NAME 2701 UNIVERSITY DR STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **AUBURN HILLS MI 48326** CITY-ST-ZIP ☐ Addition ☐ Defete Change TITLE COLLINS, JOHN J JR NAME NAME #300, 2701 UNIVERSITY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AUBURN HILLS MI 48326** Delete TITLE -TITLE \_ STEGMAYER, JOSEPH H NAME NAME STREET ADDRESS 2701 UNIVERSITY DR STE 300 STREET ADDRESS CITY-ST-7IP **AUBURN HILLS MI 48326** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE YOUNG JR., WALTER R. NAME NAME #300, 2701 UNIVERSITY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURN HILLS MI ☐ Change ☐ Addition ☐ Delete TITLE TITLE BAUMAN, COLLEEN T NAME NAME #300, 2701 UNIVERSITY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP AUBURN HILLS MI ΑT ☐ Delete ☐ Change ☐ Addition TITLE TITLE PAUL, JIMMY NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

2701 UNIVERSITY DR STE 300

**AUBURN HILLS MI 48326** 

NATURE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR