

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 824929

1. Corporation Name

UNION BUILDING CORPORATION

Principal Place of Business

**8000 E JEFFERSON
DETROIT MICHIGAN 48214**

Mailing Address

**8000 E JEFFERSON
DETROIT MICHIGAN 48214**

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90186 042 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/12/1970

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
38-6111612

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARNETTE, MICHAEL
338 STERLING LAKE DRIVE
OCOE FL 34761**

81 Name

JERRY MCLEAN

82 Street Address (P.O. Box Number is Not Acceptable)

6077 MONTEGO Bay Loop

83

84 City

PORT MEYERS

FL

85 Zip Code

33908

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jerry McLean

3/8/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **SHOEMAKER, RICHARD**
STREET ADDRESS **80000 E JEFFERSON**
CITY-ST-ZIP **DETROIT MI**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D LOFTON, ERNEST**
STREET ADDRESS **8000 JEFFERSON E.**
CITY-ST-ZIP **DETROIT MI**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **RON GETTELFINGER**
2.4 CITY-ST-ZIP **8000 JEFFERSON E.**
DETROIT MI 48214

TITLE ☒ DELETE
NAME **ST WYSE, ROY O**
STREET ADDRESS **8000 JEFFERSON E.**
CITY-ST-ZIP **DETROIT MI**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **ST**
3.3 STREET ADDRESS **RUBEN BURKS**
3.4 CITY-ST-ZIP **8000 JEFFERSON E.**
DETROIT MI 48214

TITLE ☐ DELETE
NAME **P YOKICH, STEPHEN P.**
STREET ADDRESS **8000 JEFFERSON E.**
CITY-ST-ZIP **DETROIT MI**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D LASKOWSKI, JACK**
STREET ADDRESS **8000 JEFFERSON E.**
CITY-ST-ZIP **DETROIT MI**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D FORREST, CAROLYN**
STREET ADDRESS **8000 E. JEFFERSON AVE.**
CITY-ST-ZIP **DETROIT MI**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **ELIZABETH BUNN**
6.4 CITY-ST-ZIP **8000 JEFFERSON E.**
DETROIT MI 48214

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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Ruben Burks* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

(313) 926-5401

Date

Daytime Phone #

0081861

CR2E037 (11/98)