

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A09714**

1. Entity Name

**BRITTANY OF MICHIGAN, LTD.**

Principal Place of Business

**C/O RISSMAN INVESTMENT CO  
21415 CIVIC CENTER DR #306  
SOUTHFIELD MI 48076**

Mailing Address

**C/O RISSMAN INVESTMENT CO  
21415 CIVIC CENTER DR #306  
SOUTHFIELD MI 48076**

2. Principal Place of Business

**5010 NE WALDO ROAD**

Suite, Apt. #, etc.

City & State

**GAINESVILLE FL**

**32609**

**ALACHUA**

3. Mailing Address

**21411 CIVIC CENTER DR.**

Suite, Apt. #, etc.

**SUITE 306**

City & State

**SOUTHFIELD MI 48076**

**48076**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**38-2309057**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MATHES, BARRY V SR.  
5010 NE WALDO ROAD  
GAINESVILLE FL 32609**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

**\$175,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**175,000.00**

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

DOCUMENT # **G93019000126**  
NAME **RISSMAN INVESTMENT CO. LLC**  
STREET ADDRESS **21415 CIVIC CTR DR S-303**  
CITY-ST-ZIP **SOUTHFIELD MI**

DOCUMENT # **KORMAN, HARRY B**  
NAME **1175 NE 125TH STREET, SUITE 306**  
STREET ADDRESS **NORTH MIAMI BEACH FL 33161**  
CITY-ST-ZIP

DOCUMENT # **DARIN, DENNIS JR. TRUSTEE**  
NAME **4190 TELEGRAPH**  
STREET ADDRESS **BLOOMFIELD HILLS MI**  
CITY-ST-ZIP

DOCUMENT # **BRAVEMAN, ARTHUR**  
NAME **7280 W. PALMETTO PARK RD., SUITE 202**  
STREET ADDRESS **BOCA RATON FL 33433**  
CITY-ST-ZIP

DOCUMENT # **PARVEN, HOWARD, TRUSTEE**  
NAME **995 TIMBERLAKE**  
STREET ADDRESS **BLOOMFIELD HILLS MI**  
CITY-ST-ZIP

DOCUMENT # **3**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **21411 CIVIC CENTER DR #306**  
CITY-ST-ZIP **SOUTHFIELD MI 48076**

STREET ADDRESS **406 W. HILLS BOKER BLVD**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

STREET ADDRESS **3504 WALBRI DR.**  
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

STREET ADDRESS **301 YAMATO ROAD #3101**  
CITY-ST-ZIP **BOCA RATON FL 33431**

STREET ADDRESS **000004488540--3**  
CITY-ST-ZIP **-07/20/01--01113--014**

STREET ADDRESS **\*\*\*\*526.25 \*\*\*\*526.25**  
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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*[Signature]*

Date

Daytime Phone #