

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # A16269

1. Entity Name

BELLEGATE ASSOCIATES, A MICHIGAN LIMITED PARTNER

00 APR -3 PM 12: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

rf 4117



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O SANBREEN COMPANY  
1000 S. OLD WOODWARD AVE., SUITE 201  
BIRMINGHAM MI 48009

Mailing Address  
C/O SANBREEN COMPANY  
1000 S. OLD WOODWARD AVE., SUITE 201  
BIRMINGHAM MI 48009-6796

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 38-2512426

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAVIN, JOSEPH  
3316 GRIFFIN RD  
FT LAUDERDALE FL 33312

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. \$6,975.00

10. Amount of Capital Contributions in FLORIDA to date. \$6,975.00

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 #  
NAME BROWN, EMERY  
STREET ADDRESS 1000 S. OLD WOODWARD  
CITY - ST - ZIP BRIMINGHAM MI 48009

DOCUMENT #  
NAME RIVKIN, BERNARD  
STREET ADDRESS 1000 S. OLD WOODWARD  
CITY - ST - ZIP BRIMINGHAM MI 48009

DOCUMENT #  
NAME SAVIN, JOSEPH  
STREET ADDRESS 1000 S. OLD WOODWARD  
CITY - ST - ZIP BRIMINGHAM MI 48009

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BERNARD RIVKIN

3/30/00

Date

248-647-3255

Daytime Phone #

CR2E003 (9/99)