

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27495**

1. Entity Name  
**BREEZY PINES R.V. ESTATES, LTD.**

FILED

00 FEB 21 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
31313 NORTHWESTERN HWY., #102  
FARMINGTON HILLS MI 48334

Mailing Address  
31313 NORTHWESTERN HWY., #102  
FARMINGTON HILLS MI 48334-2576

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

4. FEI Number **38-2835140**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**REGAN, HAROLD E.**  
**211 SOUTH GADSDEN**  
**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. **\$901,800.00**

10. Amount of Capital Contributions in FLORIDA to date. **901,800.00**

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	STREET ADDRESS	CITY - ST - ZIP
	COHN, SIDNEY L.	31997 OLDE FRANKLIN DR.	FARMINGTON HILLS MI
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	MORGANROTH, FRED	30920 WOODCREST COURT	FRANKLIN MI
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	PERLMAN, STUART	6110 ROCKY SPRING RD	BIRMINGHAM MI
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	<b>600003145086--3</b>
CITY - ST - ZIP	<b>-02/23/00--01095--002</b>
	<b>***526.25 ***526.25</b>
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: **Stuart Perlman** **REQUIRED** **X1-19-00 (248) 851-3111**

SIGNATURE AND/OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)