

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27495**

1. Entity Name

BREEZY PINES R.V. ESTATES, LLLP

Principal Place of Business

**401 S. OLD WOODWARD
SUITE 470
BIRMINGHAM MI 48009**

Mailing Address

**401 S. OLD WOODWARD
SUITE 470
BIRMINGHAM MI 48009**

FILED

02 FEB 14 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

38-2835140

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGAN, HAROLD E.
211 SOUTH GADSDEN
TALLAHASSEE FL 32301**

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.

DATE

9. Capital Contributions
as Shown on record.

\$901,800.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**COHN, SIDNEY L.
31997 OLDE FRANKLIN DR.
FARMINGTON HILLS MI**

STREET ADDRESS

CITY-ST-ZIP

200004992012--5

02/22/02--01086--008

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**MORGANROTH, FRED
30920 WOODCREST COURT
FRANKLIN MI**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**PERLMAN, STUART
6110 ROCKY SPRING RD
BIRMINGHAM MI**

STREET ADDRESS

CITY-ST-ZIP

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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

Date

Daytime Phone #

STUART PERLMAN 2/5/02 248-258 8880

CR2E003 (9/01)