

# 2002 UNIFORM BUSINESS REPORT (UBR)

0017981 AT

DOCUMENT # A30565

1. Entity Name

ALPHA & CO., LTD.

FILED

2002 FEB 26 AM 10:33

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business

241 E. SAGINAW, SUITE 500  
EAST LANSING MI 48823

Mailing Address

P.O. BOX 4010  
EAST LANSING MI 48826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number 38-2926468

Applied For

Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST  
SUITE 105  
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.

\$8,000.00

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 # P38927  
NAME MICHIGAN LAKESHORE CO.  
STREET ADDRESS 241 E. SAGINAW, #500  
CITY-ST-ZIP EAST LANSING MI

STREET ADDRESS

CITY-ST-ZIP

48823

DOCUMENT # P38928  
NAME LAKESHORE LAND COMPANY  
STREET ADDRESS 241 E. SAGINAW, #500  
CITY-ST-ZIP EAST LANSING MI

STREET ADDRESS

CITY-ST-ZIP

000005044020--5

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\*\*\*\*144.75 \*\*\*48823.75

DOCUMENT #  
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STREET ADDRESS  
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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:

*Amy A. Kaczmarczyk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-13-02 (517) 336-7617

Date

Daytime Phone #

CR2E003 (9/01)