

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90009 037 \*\*\*150.00

0631534

**DOCUMENT # F70522**

1. Entity Name

**THE OKAHUMPKA CORPORATION**

Principal Place of Business

**2701 UNIVERSITY DR  
SUITE 320  
AUBURN HILLS MI 48326  
US**

Mailing Address

**2701 UNIVERSITY DR  
SUITE 320  
AUBURN HILLS MI 48326  
US**

2. Principal Place of Business

**2701 CAMBRIDGE CT**

3. Mailing Address

**2701 CAMBRIDGE CT**

Suite, Apt. #, etc.

**SUITE 300**

Suite, Apt. #, etc.

**SUITE 300**

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2175753**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>STEGMAYER, JOSEPH H</b>
STREET ADDRESS	<b>2701 UNIVERSITY DRIVE, SUITE 300</b>
CITY-ST-ZIP	<b>AUBURN HILLS MI 48326</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SURLES, PHILIP C</b>
STREET ADDRESS	<b>2701 UNIVERSITY DRIVE, SUITE 300</b>
CITY-ST-ZIP	<b>AUBURN HILLS MI 48326</b>
TITLE	<b>AT</b> <input type="checkbox"/> Delete
NAME	<b>PAUL, JIMMY</b>
STREET ADDRESS	<b>2701 UNIVERSITY DRIVE, SUITE 300</b>
CITY-ST-ZIP	<b>AUBURN HILLS MI 48326</b>
TITLE	<b>CD</b> <input type="checkbox"/> Delete
NAME	<b>YOUNG, WALTER R JR</b>
STREET ADDRESS	<b>2701 UNIVERSITY DR., SUITE 320</b>
CITY-ST-ZIP	<b>AUBURN HILLS MI 48326</b>
TITLE	<b>VSD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>COLLINS, JOHN J JR</b>
STREET ADDRESS	<b>2701 UNIVERSITY DR., SUITE 320</b>
CITY-ST-ZIP	<b>AUBURN HILLS MI 48326</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN J. COLLINS, JR</b>
STREET ADDRESS	<b>2701 CAMBRIDGE CT, SUITE 300</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2701 CAMBRIDGE CT, SUITE 300</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2701 CAMBRIDGE CT, SUITE 300</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jimmy PAUL** **4/17/01** **(248) 340-7753**

Date

Daytime Phone #

CR2E034 (10/00)

Attachment Doc. # ~~831665~~ F70522

**THE OKAHUMPKA CORPORATION**

**BOARD OF DIRECTORS**

Walter R. Young, Jr.

John J. Collins, Jr.

**OFFICERS**

<b><u>Name</u></b>	<b><u>Title</u></b>
John J. Collins, Jr.	President, Secretary & General Counsel
Anthony S. Cleberg	Treasurer & CFO
Jimmy Paul	Assistant Treasurer

**ADDRESS**

The address for all of the above individuals is:

**2701 Cambridge Court, Suite 300  
Auburn Hills, MI 48326**