

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000411

1. Entity Name

TAUBMAN CENTERS, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90047 017 \*\*\*150.00

Principal Place of Business

Mailing Address

200 EAST LONG LAKE ROAD  
P.O. BOX 200  
BLOOMFIELD HILLS MI 48303-0200

200 EAST LONG LAKE ROAD  
P.O. BOX 200  
BLOOMFIELD HILLS MI 48303-0200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-2033632**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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.

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete  
NAME **TAUBMAN, A A**  
STREET ADDRESS **200 EAST LONG LAKE ROAD, P.O. BOX 200**  
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48303-0200**

TITLE ☐ Change ☐ Addition  
NAME **SEE STATEMENTS**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LARSON, ROBERT C**  
STREET ADDRESS **200 EAST LONG LAKE ROAD, P.O. BOX 200**  
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48303-0200**

TITLE ☐ Change ☐ Addition  
NAME **1 AND 2**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **TAUBMAN, ROBERT S**  
STREET ADDRESS **200 EAST LONG LAKE ROAD, P.O. BOX 200**  
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48303-0200**

TITLE ☐ Change ☐ Addition  
NAME **ATTACHED**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **PAYNE, LISA A.**  
STREET ADDRESS **200 EAST LONG LAKE RD., P.O BOX 200**  
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48303-0200**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **MIRO, JEFFREY H**  
STREET ADDRESS **500 NORTH WOODWARD, SUITE 100**  
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48303-0200**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: x *Esther R. Blum*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Esther R. Blum, SVP, Controller and Chief Accounting Officer

x 4/4/00

Date

x 248-258-6800

Daytime Phone #

CR2E034 (9/99)

00014204

STATEMENT 2

**TAUBMAN CENTERS, INC.**

ID # F93000000411

STATEMENT ATTACHED TO AND MADE PART OF  
STATE OF FLORIDA 2000 UNIFORM BUSINESS REPORT

**DIRECTORS**

A. Alfred Taubman	Chairman of the Board	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Robert C. Larson	Vice Chairman	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Robert S. Taubman		200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Lisa A. Payne		200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Claude M. Ballard		200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Allan J. Bloostein		200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Jerome A. Chazen		200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
S. Parker Gilbert		200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Graham T. Allison		200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200

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STATEMENT 1

**TAUBMAN CENTERS, INC.**

ID # F93000000411

STATEMENT ATTACHED TO AND MADE PART OF  
STATE OF FLORIDA 2000 UNIFORM BUSINESS REPORT**OFFICERS**

<u>Name</u>	<u>Office</u>	<u>Business Address</u>
Robert S. Taubman	President and CEO	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Lisa A. Payne	Executive Vice President /CFO	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
William S. Taubman	Executive Vice President	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Esther R. Blum	SVP, Controller, & Chief Accounting Officer	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Steven E. Eder	Treasurer	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Jeffrey H. Miro	Secretary	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Kenneth H. Gold	Assistant Secretary	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200