

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90021 049 ***550.00

DOCUMENT # F93000005764

1. Entity Name

GP BAYHEAD CORP.

Principal Place of Business

**SUITE 300
280 DAINES STREET
BIRMINGHAM MI 48009**

Mailing Address

**SUITE 300
280 DAINES STREET
BIRMINGHAM MI 48009****00071802**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3152186

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

**RINES, MILTON
15235 S TAMiami TRAIL
FT MYERS FL 33908**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	ZLOTOFF, PAUL M	
STREET ADDRESS	280 DAINES STREET, SUITE 300	
CITY-ST-ZIP	BIRMINGHAM MI 48009	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	ADLER, STEVEN P	
STREET ADDRESS	280 DAINES STREET, SUITE 300	
CITY-ST-ZIP	BIRMINGHAM MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEISS, ARTHUR	
STREET ADDRESS	280 DAINES STREET SUITE 300	
CITY-ST-ZIP	BIRMINGHAM MI	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KOSTER, GLORIA A	
STREET ADDRESS	280 DAINES STREET, SUITE 300	
CITY-ST-ZIP	BIRMINGHAM MI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES A. SOBERMAN	
STREET ADDRESS	280 DAINES # 300	
CITY-ST-ZIP	BIRMINGHAM, MI 48009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES A. SOBERMAN

7/26/00

Date

Daytime Phone #