

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006268

1. Entity Name

ISLAND DEVELOPMENT GROUP LIMITED, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90957 033 \*\*\*150.00

Principal Place of Business

Mailing Address

1700 N. WOODWARD AVENUE  
SUITE 101  
BLOOMFIELD HILLS MI 48304

1700 N. WOODWARD AVENUE  
SUITE 101  
BLOOMFIELD HILLS MI 48304-2249

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3083163

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

THURLOW, THOMAS H JR  
THURLOW & SMITH, P.A.  
17 MARTIN L. KING, JR. BLVD.  
STUART FL 33494

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	D	<input type="checkbox"/> Delete
NAME	BERKEY, JON H	
STREET ADDRESS	1700 N. WOODWARD AVE., STE. 100	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	
TITLE	DM	<input type="checkbox"/> Delete
NAME	BASSETT, JOSEPH S M.D.	
STREET ADDRESS	325 DUNSTON	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	
TITLE	DM	<input type="checkbox"/> Delete
NAME	HOSKI, JOSEPH A M.D.	
STREET ADDRESS	11885 12 MILE ROAD, STE. 200B	
CITY-ST-ZIP	WARREN MI 48093	
TITLE	DM	<input type="checkbox"/> Delete
NAME	JONES, STANLEY	
STREET ADDRESS	2945 S. WOODWARD, FOUR SEASONS, UNIT 9	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	
TITLE	DM	<input type="checkbox"/> Delete
NAME	KAPDI, CHANDRAKANT C M.D.	
STREET ADDRESS	871 HARSDALE	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48013	
TITLE	DM	<input type="checkbox"/> Delete
NAME	THOMAS, DOMINIC PH.D.	
STREET ADDRESS	6010 BARRIE	
CITY-ST-ZIP	DEARBORN MI 48126	

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
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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 all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon H. Berkey, Director/  
General Counsel

April 28, 2000 (248) 593-6460

Date

Daytime Phone #

CR2E034 (9/99)