

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006268

1. Entity Name

ISLAND DEVELOPMENT GROUP LIMITED, INC.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90067 010 \*\*\*150.00

Principal Place of Business

1700 N. WOODWARD AVENUE  
SUITE 101  
BLOOMFIELD HILLS MI 48304

Mailing Address

1700 N. WOODWARD AVENUE  
SUITE 101  
BLOOMFIELD HILLS MI 48304

2. Principal Place of Business

40700 Woodward Avenue

Suite, Apt. #, etc.

Suite 220

City & State

Bloomfield Hills, MI

Zip

48304

Country

USA

3. Mailing Address

40700 Woodward Avenue

Suite, Apt. #, etc.

Suite 220

City & State

Bloomfield Hills, MI

Zip

48304

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

38-3083163

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **BERKEY, JON H**  
STREET ADDRESS **1700 N. WOODWARD AVE., STE. 100**  
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **40700 Woodward Avenue, St. 220**  
CITY-ST-ZIP

TITLE **DM** ☐ Delete  
NAME **BASSETT, JOSEPH S M.D.**  
STREET ADDRESS **325 DUNSTON**  
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

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

TITLE **DM** ☐ Delete  
NAME **HOSKI, JOSEPH A M.D.**  
STREET ADDRESS **11885 12 MILE ROAD, STE. 200B**  
CITY-ST-ZIP **WARREN MI 48093**

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

TITLE **DM** ☐ Delete  
NAME **JONES, STANLEY**  
STREET ADDRESS **2945 S. WOODWARD, FOUR SEASONS, UNIT 9**  
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

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

TITLE **DM** ☐ Delete  
NAME **KAPDI, CHANDRAKANT C M.D.**  
STREET ADDRESS **871 HARSDALE**  
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48013**

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

TITLE **DM** ☐ Delete  
NAME **THOMAS, DOMINIC PH.D.**  
STREET ADDRESS **6010 BARRIE**  
CITY-ST-ZIP **DEARBORN MI 48126**

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 persons empowered.

SIGNATURE:

Jon H. Berkey, Director/

General Counsel

April 27, 2001 (248)593-6460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0586765