

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2001 8:00 am**
Secretary of State

02-07-2001 90178 030 ***150.00

DOCUMENT # F94000006461

1. Entity Name

OTTAWA PROPERTIES, INC.

Principal Place of Business

**8000 YANKEE RD.
OTTAWA LAKE MI 49267**

Mailing Address

**PO BOX 931
TOLEDO OH 43697**

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 **38-3057047**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SHULTZ, EDWARD J	4500 DORR ST	TOLEDO OH 43615	<input type="checkbox"/>
P	AXTELL, A. CALVIN JR	515 CONGRESS AVE. STE 2525	AUSTIN TX 78701	<input type="checkbox"/>
AT	CZARKA, CHRISTOPHER J	4500 DORR ST	TOLEDO OH 43615	<input checked="" type="checkbox"/>
S	GOLDEN, GARY	4500 DORR ST	TOLEDO OH	<input type="checkbox"/>
AT	HANSEN, AMY L	1801 RICHARDS RD.	TOLEDO OH	<input type="checkbox"/>
VP	FILCEK, RODNEY R	1801 RICHARDS ROAD	TOLEDO OH 43607	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Assistant Treasurer	Wendy Snell	660 Blawerk Creek Circle	Marysville OH 43537	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Vice President	Neal Barnard	1801 Richards Rd.	Toledo OH 43607	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

01-19-01
Date(419) 897-7380
Daytime Phone #

CR2E034 (10/00)