

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000173

1. Entity Name

STANDARD LIFE HOLDING COMPANY

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90023 049 \*\*\*550.00

Principal Place of Business

7125 ORCHARD LAKE ROAD  
SUITE 204  
WEST BLOOMFIELD MI 48322  
US

Mailing Address

33 NORTH GARDEN AVE.  
SUITE 1200  
CLEARWATER FL 33755  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-2937482

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

BANKS, ROBERT  
33 NORTH GARDEN AVENUE  
SUITE 1200  
CLEARWATER FL 33755

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  
NAME NOELKE, RICHARD  
STREET ADDRESS 400 MONROE ST STE 510  
CITY-ST-ZIP DETROIT MI ☐ Delete

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

TITLE STVD  
NAME HUTTING, AUGUSTUS  
STREET ADDRESS 400 MONROE ST-STE 510  
CITY-ST-ZIP DETROIT MI ☐ Delete

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

TITLE V  
NAME VANDERGRIFT, TOM  
STREET ADDRESS 33 NORTHGARDEN ST., STE 1200  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE  
NAME VANDEGRIFT, TOM  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE V  
NAME BECK, GARY C  
STREET ADDRESS 33 N GARDEN AVE, STE 1200  
CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-00 727-461-4801

CR 21 (01/04/00)