

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003905

1. Entity Name

RICHARD MILLER ASSOCIATES, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90940 023 ***150.00

Principal Place of Business

Mailing Address

725 SOUTH ADAMS - STE 265
BIRMINGHAM MI 48009

725 SOUTH ADAMS - STE 265
BIRMINGHAM MI 48009-6913

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 54-1177610

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

RAND, CHRISTINE
9501 ARLINTON EXPWY
STE 680
JAX FL 32225

Name
MARY DOROUGH

Street Address (P.O. Box Number is Not Acceptable)
9501 ARLINGTON EXPRESSWAY

SUITE 680

City JACKSONVILLE

FL

Zip Code 32225

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

Mary Dorough

4/15/2000

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 PCD
NAME MILLER, RICHARD ☐ Delete
STREET ADDRESS 198 NANTUCKET DRIVE
CITY-ST-ZIP BLOOMFIELD HILLS MI

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

TITLE S
NAME MILLER, KAREN ☐ Delete
STREET ADDRESS 198 NANTUCKET DRIVE
CITY-ST-ZIP BLOOMFIELD HILLS MI

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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:

Richard Miller

RICHARD MILLER

4/15/2000

248-540-5330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)