

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004278

1. Entity Name

BINGHAM FINANCIAL SERVICE CORPORATION ✓

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90008 020 \*\*\*550.00

Principal Place of Business

260 EAST BROWN ST  
SUITE 200  
BIRMINGHAM MI 48009

Mailing Address

260 EAST BROWN ST  
SUITE 200  
BIRMINGHAM MI 48009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 38-3313951

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

BURKE, NANCY M ESQ.  
106 E COLLEGE AVE STE 1200  
TALLAHASSEE FL 32301

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C. SHIFFMAN, MILTON M ☒ Delete  
31700 MIDDLEBELT ROAD STE 145  
FARMINGTON HILLS MI 48334

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P SHIFFMAN, GARY A ☐ Delete  
31700 MIDDLEBELT ROAD STE 145  
FARMINGTON HILLS MI 48334

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST JORISSEN, JEFFREY P ☐ Delete  
31700 MIDDLEBELT ROAD STE 145  
FARMINGTON HILLS MI 48334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P RONALD A. KLEIN ☐ Change ☒ Addition  
260 E. Brown Ste 200  
Birmingham, MI 48009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T W. Anderson Geater ☐ Change ☒ Addition  
260 E. Brown Ste 200  
Birmingham, MI 48009

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 #

CR2E034 (5/00)