

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000584

1. Entity Name

TAUB-CO-FLA, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90029 041 \*\*\*150.00

Principal Place of Business

Mailing Address

200 E. LONG LAKE RD.  
BLOOMFIELD HILLS MI 48304

200 E. LONG LAKE RD.  
BLOOMFIELD HILLS MI 48304-2360

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 **38-3392637**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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, 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 PD ☐ Delete  
NAME TAUBMAN, ROBERT S  
STREET ADDRESS 200 E. LONG LAKE RD.  
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304

TITLE V ☐ Change ☒ Addition  
NAME Esther R. Blum  
STREET ADDRESS 200 E. Long Lake Rd.  
CITY-ST-ZIP Bloomfield Hills, MI 48304

TITLE VD ☐ Delete  
NAME TAUBMAN, WILLIAM S  
STREET ADDRESS 200 E. LONG LAKE RD.  
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304

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

TITLE S ☐ Delete  
NAME HECHT, DENNIS J  
STREET ADDRESS 200 E. LONG LAKE RD.  
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304

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

TITLE VDCF ☐ Delete  
NAME PAYNE, LISA A  
STREET ADDRESS 200 E. LONG LAKE RD.  
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304

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

TITLE V ☒ Delete  
NAME POISSANT, GERALD R  
STREET ADDRESS 200 E. LONG LAKE RD.  
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another name empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis J. Hecht

Date

(248) 258-6800

Daytime Phone #

CR2E034 (9/99)