

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002845

1. Entity Name

CALI CORP. - COVINGTON ESTATES

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90097 033 \*\*\*150.00

Principal Place of Business

3000 TOWN CENTER, STE. 540  
SOUTHFIELD MI 48075

Mailing Address

3000 TOWN CENTER, STE. 540  
SOUTHFIELD MI 48075

2. Principal Place of Business

Attn: Ian Frank

Suite, Apt. #, etc.

2701 Cambridge Ct., #200

Auburn Hills MI

Zip 48326

Country USA

3. Mailing Address

Attn: Ian Frank

Suite, Apt. #, etc.

2701 Cambridge Ct., #200

Auburn Hills MI

Zip 48326

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3411112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RITCH, JOHN B ESQ.  
100 CHURCH ST.  
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name Richard P. Lee, Esq.

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

Katz, Luther, Hargler

106 E. College Ave., #100

City Tallahassee

FL

Zip Code 32301

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

2/7/01

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

TITLE CVS  
NAME SCHRAM, BRADLEY J  
STREET ADDRESS 1760 S. TELEGRAPH RD., STE. 300  
CITY-ST-ZIP BLOOMFIELD HILLS MI 48302-0183 ☒ Delete

TITLE CPT  
NAME NOEL, RICHARD M  
STREET ADDRESS 3000 TOWN CENTER, STE. 540  
CITY-ST-ZIP SOUTHFIELD MI 48075 ☒ Delete

TITLE DV  
NAME CASTERLINE, JAMES P  
STREET ADDRESS 300 N. GREENE ST., 1ST UNION TOWERS, #285  
CITY-ST-ZIP GREENSBORO NC 27401 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V, S, D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE P, T, D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE MHCDC, LLC  
NAME  
STREET ADDRESS 2701 Cambridge Ct., #200  
CITY-ST-ZIP Auburn Hills, MI 48326 ☐ Change ☒ Addition

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)