

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90391 007 \*\*\*150.00

**DOCUMENT # F98000002845**

**1. Entity Name**  
**CALI CORP. - COVINGTON ESTATES**



**Principal Place of Business**  
**ATTN: IAN FRANK Tax Dept.**  
**2701 CAMBRIDGE CT #200**  
**AUBURN HILLS MI 48326**

**Mailing Address**  
**ATTN: IAN FRANK Tax Dept.**  
**2701 CAMBRIDGE CT #200**  
**AUBURN HILLS MI 48326**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** 38-3411112

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**LEE, RICHARD P ESQ**  
**106 E COLLEGE AVE**  
**1200**  
**TALLAHASSEE FL 32301**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

**TITLE** P ☐ Delete  
**NAME** ADLER, STEVEN P  
**STREET ADDRESS** 2701 CAMBRIDGE COURT #200  
**CITY-ST-ZIP** AUBURN HILLS MI 48326

**TITLE** CFO ☐ Delete  
**NAME** FEVEREISEN, ANDREW  
**STREET ADDRESS** 2701 CAMBRIDGE COURT #200  
**CITY-ST-ZIP** AUBURN HILLS MI 48326

**TITLE** VP ☐ Delete  
**NAME** LOMARDO, JOSEPH P  
**STREET ADDRESS** 2701 CAMBRIDGE COURT #200  
**CITY-ST-ZIP** AUBURN HILLS MI 48326

**TITLE** VP ☐ Delete  
**NAME** IAN, FRANK B  
**STREET ADDRESS** 2701 CAMBRIDGE COURT #200  
**CITY-ST-ZIP** AUBURN HILLS MI 48326

**TITLE** SEC ☐ Delete  
**NAME** BAUMAN, COLLEEN  
**STREET ADDRESS** 2781 CAMBRIDGE COURT #300  
**CITY-ST-ZIP** AUBURN HILLS MI 48326

**TITLE** AT ☐ Delete  
**NAME** THOMAS, LAURIE  
**STREET ADDRESS** 2701 CAMBRIDGE COURT #300  
**CITY-ST-ZIP** AUBURN HILLS MI 48326

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 2701 Cambridge Ct #300  
**CITY-ST-ZIP**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 2701 Cambridge Ct #300  
**CITY-ST-ZIP**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
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**NAME**  
**STREET ADDRESS** 2701 Cambridge Ct #300  
**CITY-ST-ZIP**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 2701 Cambridge Ct #300  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

Jimmy Paul

3/19/03

288-340-1753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)