

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005069

1. Entity Name

ORLANDO GAS PRODUCERS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90186 002 ***150.00

Principal Place of Business

Mailing Address

425 SOUTH MAIN STREET, SUITE 201
 ANN ARBOR MI 48104

425 SOUTH MAIN STREET, SUITE 201
 ANN ARBOR MI 48104-2303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-3274176**

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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 ☐ Delete
 NAME C
 STREET ADDRESS ANDERSON, GERARD M.
 CITY-ST-ZIP 425 SOUTH MAIN STREET, SUITE 201
 ANN ARBOR MI 48104

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

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS RANGER, CURTIS T
 CITY-ST-ZIP 425 SOUTH MAIN STREET, SUITE 201
 ANN ARBOR MI 48104

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ROLLER, WILLIAM R
 CITY-ST-ZIP 2000 SECOND AVENUE, ROOM 1120 WCB
 DETROIT MI 48226

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

TITLE ☐ Delete
 NAME CFO
 STREET ADDRESS MCCARGAR, KENT L
 CITY-ST-ZIP 425 SOUTH MAIN STREET, SUITE 201
 ANN ARBOR MI 48104

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

TITLE ☐ Delete
 NAME GC
 STREET ADDRESS NERN, CHRISTOPHER C
 CITY-ST-ZIP 2000 2ND AVE.
 DETROIT MI 48226

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS ARVANI, CHRISTOPHER C
 CITY-ST-ZIP 2000 2ND AVE.
 DETROIT MI 48226

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)