

# 2001 UNIFORM BUSINESS REPORT (UBR)

0699665

DOCUMENT # F99000001153

1. Entity Name

FIVE SQUARE MANAGEMENT, INC.

FILED

01 APR -2 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 4010  
EAST LANSING MI 48826

P.O. BOX 4010  
EAST LANSING MI 48826

2. Principal Place of Business

241 E. Saginaw

3. Mailing Address

Suite, Apt. #, etc.

Suite 500

City & State

East Lansing MI

Zip

48823

Country

USA

4. FEI Number 38-3089767

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

PRATT, JASON  
129 S. KENTUCKY, #502  
LAKELAND FL 33801

Name  
Corporation Service Company, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
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 *Patricia Pruitt*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOOTE, FREDERICK C	
STREET ADDRESS	PO BOX 4010	
CITY-ST-ZIP	E LANSING MI 48826	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOOTE, KENNETH J	
STREET ADDRESS	PO BOX 4010	
CITY-ST-ZIP	E LANSING MI 48826	
TITLE	D	<input type="checkbox"/> Delete
NAME	IMESON, ROGER W	
STREET ADDRESS	PO BOX 4010	
CITY-ST-ZIP	E LANSING MI 48826	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KACZMARCZYK, AMY A	
STREET ADDRESS	5563 EARLIGLOW LANE	
CITY-ST-ZIP	HASLETT MI 48840	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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\*\*\*\*150.00 \*\*\*\*150.00

SP

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:

*Amy A. Kaczmarczyk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-01 (517)336-7617  
Date Daytime Phone #

CR2E034 (10/00)