

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001200

1. Entity Name
PC/PALM BEACH, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90020 025 ***150.00

Principal Place of Business Mailing Address
33 BLOOMFIELD HILLS PKWY., STE. 200 33 BLOOMFIELD HILLS PKWY., STE. 200
BLOOMFIELD HILLS MI 48304 BLOOMFIELD HILLS MI 48304-2946

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **38-3456935** **APPLIED FOR** 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

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 _____ (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	DP	<input type="checkbox"/> Delete
NAME	O'BRIEN, MARK J	
STREET ADDRESS	33 BLOOMFIELD HILLS PKWY., STE. 200	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	CREGG, ROGER A	
STREET ADDRESS	33 BLOOMFIELD HILLS PKWY., STE. 200	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	STOLLER, JOHN R	
STREET ADDRESS	33 BLOOMFIELD HILLS PKWY., STE. 200	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBINSON, BRUCE E	
STREET ADDRESS	33 BLOOMFIELD HILLS PKWY., STE. 200	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zukoff, Colette R.	
STREET ADDRESS	33 Bloomfield Hills Pkwy. #200	
CITY-ST-ZIP	Bloomfield Hills, MI 48304	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Harmon D.	
STREET ADDRESS	4500 PGA Blvd. #400	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	

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: Colette R. Zukoff 3/27/00 248-644-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)