

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L52809

1. Entity Name

SOUTHFIELD CORPORATION

Principal Place of Business

C/O ORANGE TREE GOLF CLUB
7540 WOODGREEN
ORLANDO FL 32819
US

Mailing Address

C/O ORANGE TREE GOLF CLUB
7540 WOODGREEN
ORLANDO FL 32819
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1903157

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

WISNE, EDWARD
6435 PARSON BROWN DR.
ORLANDO FL 32819

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, 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 D ☒ Delete
NAME WISNE, ANTHONY E.
STREET ADDRESS 7724 ORANGE TREE LANE
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete
NAME WISNE, LAWRENCE A.
STREET ADDRESS 2100 TELEGRAPH ROAD
CITY-ST-ZIP SOUTHFIELD MI

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 27145 Sheraton Drive
CITY-ST-ZIP Novi, Michigan 48377

TITLE D ☐ Delete
NAME DAVIS, JAMES E
STREET ADDRESS 31000 TELEGRAPH RD STE 120
CITY-ST-ZIP BINGHAM FARMS MI 48025

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 27145 Shearaton Drive
CITY-ST-ZIP Novi, Michigan 48377

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

4-30-01

248-735-6010

X 304

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90198 014 ***150.00

00053388



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)