

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016149 AB

00 APR 13 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000783

1. Entity Name
WEST TRAVERSE BAY PROPERTIES, L.C.

Principal Place of Business
C/O ROBERT DOTERRER
1100 SIXTH STREET
TRAVERSE CITY MI 48964

Mailing Address
C/O ROBERT DOTERRER
1100 SIXTH STREET
TRAVERSE CITY MI 49684-2341



2. Principal Place of Business
1221 Sixth Street
Suite, Apt. #, etc.
Suite 100
City & State
Traverse City, MI
Zip
49684
Country
USA

3. Mailing Address
1221 Sixth Street
Suite, Apt. #, etc.
Suite 100
City & State
Traverse City MI
Zip
49684
Country
USA

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3370103

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOTERRER, JOHN C ESQ.
C/O WINTHROP, STIMSON, PUTNAM & ROBERTS
125 WORTH AVENUE
PALM BEACH FL 33480

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM DOTERRER, JOHN C C/O ROBERT DOTERRER TRAVERSE CITY MI 48964	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003223682 -04/25/00-01037-002 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert M. Dotterer 4/8/00 231-935-2844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)