

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000783**

1. Entity Name

WEST TRAVERSE BAY PROPERTIES, L.C.

Principal Place of Business

1221 SIXTH STREET

SUITE 100

TRAVERSE CITY MI 49684

Mailing Address

1221 SIXTH STREET

SUITE 100

TRAVERSE CITY MI 49684

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

38-3370103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOTTERRER, JOHN C ESQ.

C/O WINDTHROP, STIMSON, PUTNAM & ROBERTS

125 WORTH AVENUE

PALM BEACH FL 33480

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEM
DOTTERRER, JOHN C
C/O ROBERT DOTTERRER
TRAVERSE CITY MI 49684

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Member
Robert Dotterer
1221 Sixth St
Traverse City, Mich 49684

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600004274096--3
-05/21/01--01141--017
*******50.00 *****50.00**

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/01 231 935-2844

Date

Daytime Phone #

FILED

01 MAY -1 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)