

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M77113

1. Entity Name

PHM-REALT, INC. Lexington Oaks Golf Club, Inc.

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

04-06-2000 90020 032 \*\*\*150.00

Principal Place of Business

Mailing Address

33 BLOOMFIELD HILLS PKW  
STE 200  
BLOOMFIELD HILLS MI 48304

33 BLOOMFIELD HILLS PKW  
STE 200  
BLOOMFIELD HILLS MI 48304-2946

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2884802

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 S. 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

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, 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 P  
NAME COMEGYS, LAWRENCE S.  
STREET ADDRESS 1509 W. SWANN AVE., #240  
CITY-ST-ZIP TAMPA FL 33606

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

TITLE DVS  
NAME STOLLER, JOHN R  
STREET ADDRESS 33 BLOOMFIELD HILLS PKWY STE 200  
CITY-ST-ZIP BLOOMFIELD HILLS MI

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

TITLE AS  
NAME BOYD, CALVIN R.  
STREET ADDRESS 33 BLOOMFIELD HILLS PKWY., #200  
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304

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

TITLE AST  
NAME ROBINSON, BRUCE E.  
STREET ADDRESS 33 BLOOMFIELD HILLS PKWY., #200  
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304

TITLE VAST  
NAME Robinson, Bruce E.  
STREET ADDRESS 33 Bloomfield Hills Pkwy. #200  
CITY-ST-ZIP Bloomfield Hills, MI 48304 ☒ Change ☐ Addition

TITLE DV  
NAME FREES, VINCENT J  
STREET ADDRESS 33 BLOOMFIELD HILLS PKY., STE. 200  
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304

TITLE DVCCFO  
NAME Frees, Vincent J.  
STREET ADDRESS 33 Bloomfield Hills Pkwy. #200  
CITY-ST-ZIP Bloomfield Hills, MI 48304 ☒ Change ☐ Addition

TITLE AS  
NAME ZUKOFF, COLETTE R  
STREET ADDRESS 33 BLOOMFIELD HILLS PKWY, SUITE 200  
CITY-ST-ZIP BLOOMFIELD HILLS MI

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

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

Colette R. Zukoff

3/27/00

Date

248-644-7300

Daytime Phone #

CR2E034 (9/99)