

# 2000 UNIFORM BUSINESS REPORT (UBR)

2015246 AF

**DOCUMENT #** M99000000726

**1. Entity Name**  
NORMANDY ASSOCIATES, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -1 AM 10:55

**Principal Place of Business**  
11900 TWELVE MILE ROAD, SUITE 200  
WARREN MI 48093

**Mailing Address**  
11900 TWELVE MILE/ROAD, SUITE 200  
WARREN MI 48093-3400



**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** 38-3467160

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

SCARFO, MICHAEL D  
750 ANDOVER CIRCLE  
WINTER SPRINGS FL 32708

**7. Name and Address of New Registered Agent**

Name Scarfo, Michael D

Street Address (P.O. Box Number is Not Acceptable) 1314 Winter Springs Blvd.

City Winter Springs FL Zip Code 32708

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 Michael D. Scarfo DATE 2-28-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

MGRM  
M.E.M. MANAGEMENT LIMITED PARTNERSHIP  
750 ANDOVER CIRCLE  
WINTER SPRINGS FL 32708

**10. ADDITIONS / CHANGES**

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

1314 Winter Springs Blvd.

3/14/00

300003172979--2  
-03/16/00--01802--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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:** Michael D. Scarfo 2-28-00 407-359-1771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)