

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001448

1. Entity Name

PINE AIR FOUNDATION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90017 016 ****61.25

Principal Place of Business	Mailing Address
% LONDON DEVELOPMENT, INC. 100 GALLERIA OFFICENTRE, STE. 219 SOUTHFIELD MI 48086	% LONDON DEVELOPMENT, INC. 100 GALLERIA OFFICENTRE, STE. 219 SOUTHFIELD MI 48034-8428



DO NOT WRITE IN THIS SPACE

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	Applied For
31-3482127	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name	
Janet Aronoff	
Street Address (P.O. Box Number is Not Acceptable)	
626 Gulfshore Boulevard South	
City	Zip Code
Naples	FL 34102

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 Janet Aronoff

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Janet Aronoff 4/13/2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ARONOFF, DANIEL J	
STREET ADDRESS	100 GALLERIA OFFICENTRE #219 LONDON DEVELO	
CITY-ST-ZIP	SOUTHFIELD MI 48086	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALUM, RICHARD V	
STREET ADDRESS	100 GALLERIA OFFICENTRE #219 LONDON DEVELO	
CITY-ST-ZIP	SOUTHFIELD MI 48086	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, JAMES B	
STREET ADDRESS	100 GALLERIA OFFICENTRE #219 LONDON DEVELO	
CITY-ST-ZIP	SOUTHFIELD MI 48086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janet Aronoff	
STREET ADDRESS	626 Gulfshore Boulevard South	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arnold Y. Aronoff	
STREET ADDRESS	626 Gulfshore Boulevard South	
CITY-ST-ZIP	Naples, FL 34102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

ARNOLD Y. ARONOFF

Daytime Phone #

CR2E037 (9/99)