

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001448

1. Entity Name

PINE AIR FOUNDATION, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90013 020 ****61.25

0087795

Principal Place of Business

% LONDON DEVELOPMENT, INC.
100 GALLERIA OFFICENTRE, STE. 219
SOUTHFIELD MI 48086

Mailing Address

% LONDON DEVELOPMENT, INC.
100 GALLERIA OFFICENTRE, STE. 219
SOUTHFIELD MI 48086

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BLOOMFIELD HILLS, MI

City & State
BLOOMFIELD HILLS, MI 48304

4. FEI Number

31-3482127

Applied For

Not Applicable

Zip

48304

Country

Zip

48304

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

ARONOFF, JANET
626 GULFSHORE BLVD SOUTH
NAPLES FL 34102

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARONOFF, DANIEL J
100 GALLERIA OFFICENTRE #219 LONDON DEVELO
SOUTHFIELD MI 48086 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Aronoff, Daniel J
38500 Woodward Ave., Ste 310
Bloomfield Hills, MI 48304 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARONOFF, JANET
626 GULFSHORE BLVD SOUTH
NAPLES FL 34102 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARONOFF, ARNOLD Y
626 GULFSHORE BLVD SOUTH
NAPLES FL 34102 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/01 248-642-0190

CR2E037 (10/00)