

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007619

1. Entity Name

CARDINAL COURT-PINELLAS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90975 033 ****61.25

Principal Place of Business	Mailing Address
C/O DAVID S. BERNSTEIN, ESQ. 150 SECOND AVENUE NORTH, SUITE 1700 ST PETERSBURG FL 33701	C/O DAVID S. BERNSTEIN, ESQ. 150 SECOND AVENUE NORTH, SUITE 1700 ST PETERSBURG FL 33701

2. Principal Place of Business 77 MONROE CENTER	3. Mailing Address 77 MONROE CENTER
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Suite, Apt. #, etc. 404	Suite, Apt. #, etc. 404
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City & State GRAND RAPIDS, MI	City & State GRAND RAPIDS, MI
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Zip 49503	Country USA	Zip 49503	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3615272	Applied For Not Applicable
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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

BERNSTEIN, DAVID S ESQ
 150 SECOND AVENUE NORTH
 ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BOSSENBROEK, JAMES F 4483 76TH STREET SW BYRON CENTER MI 49315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOSSENBROEK, STEVEN L 4483 76TH STREET SW BYRON CENTER MI 49315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MAHER, DAMIEN P 4483 76TH STREET SW BYRON CENTER MI 49315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

Date

Daytime Phone #

4/24/00

CR2E037 (9/99)