

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23702

1. Entity Name

SAND LAKE CENTRE CORP.

Principal Place of Business

C/O RONALD ZAJAC, PC
243 W. CONGRESS, SUITE 480
DETROIT MI 48226
US

Mailing Address

C/O RONALD ZAJAC, PC
243 W. CONGRESS, SUITE 480
DETROIT MI 48226
US

2. Principal Place of Business

c/o Ronald Zajac, PC

Suite, Apt. #, etc.

79 Alfred Street

City & State

Detroit, Michigan

Zip

48201

Country

U.S.

3. Mailing Address

c/o Ronald Zajac, PC

Suite, Apt. #, etc.

79 Alfred Street

City & State

Detroit, Michigan

Zip

48201

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

38-2860193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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's 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, 2001 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

TITLE PD ☐ Delete
NAME FAIRWEATHER, WILLIAM
STREET ADDRESS 9808 COLEMAN YOUNG MUNICIPAL CEN.
CITY-ST-ZIP DETROIT MI 48226

TITLE VPD ☐ Delete
NAME ROYAL, DERRICK
STREET ADDRESS 908 CITY-COUNTY BLDG.
CITY-ST-ZIP DETROIT MI

TITLE SD ☐ Delete
NAME SEXTON, NILES
STREET ADDRESS 908 CITY COUNTY BULDING
CITY-ST-ZIP DETROIT MI 48226

TITLE TD ☐ Delete
NAME CLARK, JOHN
STREET ADDRESS 908 CITY-COUNTY BLDG.
CITY-ST-ZIP DETROIT MI

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

William Fairweather
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Fairweather

3-8-01

Date

313-578-1205

Daytime Phone #

CR2E034 (10/00)