

# 2001 UNIFORM BUSINESS REPORT (UBR)

0598666

DOCUMENT # P38927

1. Entity Name

MICHIGAN LAKESHORE COMPANY

FILED

01 APR -2 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

241 E. SAGINAW  
STE 500  
EAST LANSING MI 48823  
US

P.O. BOX 4010  
EAST LANSING MI 48826

2. Principal Place of Business

241 E. SAGINAW

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 38-1794456

Applied For  
Not Applicable

Zip

Country

Zip

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

PRATT, JASON  
129 S. KENTUCKY, #502  
LAKE LAND FL 33801

Name Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street  
City Tallahassee

FL Zip Code 32301

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 Patricia Pappas

4-2-01

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

(NOTE: Registered Agent 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME FOOTE, KENNETH  
STREET ADDRESS 241 E. SAGINAW, SUITE 500  
CITY-ST-ZIP EAST LANSING MI 48823 ☐ Delete

TITLE P  
NAME FOOTE, KENNETH  
STREET ADDRESS 241 E. SAGINAW, SUITE 500  
CITY-ST-ZIP EAST LANSING MI 48823 ☐ Change ☒ Addition

TITLE DV  
NAME FOOTE, FREDERICK C.  
STREET ADDRESS 241 E. SAGINAW, #500  
CITY-ST-ZIP EAST LANSING MI 48823 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400004008704  
-04/13/01--01087--014  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE ST  
NAME KACZMARCZYK, AMY A.  
STREET ADDRESS 241 E. SAGINAW, #500  
CITY-ST-ZIP EAST LANSING MI 48823 ☐ Delete

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

TITLE P  
NAME LUTHER, MICHAEL J  
STREET ADDRESS 241 E. SAGINAW, SUITE 500  
CITY-ST-ZIP EAST LANSING MI 48823 ☒ Delete

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

TITLE D  
NAME IMESON, ROGER W  
STREET ADDRESS 241 E SAGINAW STE 500  
CITY-ST-ZIP EAST LANSING MI 48823 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: [Signature] Treasurer

3-10-01 517-336-7617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)