

# 2001 UNIFORM BUSINESS REPORT (UBR)

0599667

DOCUMENT # P38928

1. Entity Name

LAKESHORE LAND COMPANY

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

Zip

Country

Zip

Country

4. FEI Number 38-1778862

Applied For

Not Applicable

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  
SUITE 502  
LAKELAND 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 Payton*  
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	FOOTE, KENNETH J.	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		241 E. SAGINAW, #500	
CITY-ST-ZIP		EAST LANSING MI 48823	
TITLE	VD	FOOTE, FREDERICK C.	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		241 E. SAGINAW, #500	
CITY-ST-ZIP		EAST LANSING MI 48823	
TITLE	TS	KACZMARCZYK, AMY A.	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		241 E. SAGINAW, #500	
CITY-ST-ZIP		EAST LANSING MI 48823	
TITLE	P	LUTHER, MICHAEL J	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		241 E. SAGINAW #500	
CITY-ST-ZIP		EAST LANSING MI 48823	
TITLE	D	FOOTE, STEVEN M	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		241 E. SAGINAW STE 500	
CITY-ST-ZIP		EAST LANSING MI 48823	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	P	FOOTE, KENNETH J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		241 E. SAGINAW, #500	
CITY-ST-ZIP		EAST LANSING, MI 48823	
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			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-01

517-336-7617

CR2E034 (10/00)

SP

FILED

01 APR -2 AM 9: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE