

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075067

1. Entity Name

ER ASSOCIATES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90326 032 ***150.00

Principal Place of Business

Mailing Address

4960 N. DIXIE HWY.
 FT. LAUDERDALE FL 33334

1878 PIEDMONT RD
 ATLANTA GA 30324-4839
 US

2. Principal Place of Business

3. Mailing Address

4095 EMBASSY DR SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 GRAND RAPIDS, MI.

4. FEI Number

65-0644967

Applied For

Not Applicable

Zip

Country

Zip

Country

49546

USA

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

ELSBERRY, MICHAEL V ESQ.
 % LOWNDES, DROSDICK, DOSTER, KANTOR & REED
 215 NORTH EOLA DR.
 ORLANDO FL 32802

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

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, 2000 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 Delete
 NAME PRES
 STREET ADDRESS CHARLES R HOMA
 CITY-ST-ZIP 1878 PIEDMONT RD
 ATLANTA GA 30324

TITLE Change Addition
 NAME RECEIVER
 STREET ADDRESS PHILLIP S. STENGER
 CITY-ST-ZIP 4095 EMBASSY DR SE
 GRAND RAPIDS, MI 49546
 SEC V. NOMA
 CME
 99c-6895

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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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:

PHILLIP S. STENGER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILLIP S. STENGER
 AS RECEIVER

4-10-00
 Date

616-940-1190
 Daytime Phone #

CR2E034 (9/99)