

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075071

1. Entity Name
SRH ASSOCIATES, INC.

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90005 042 ***150.00

Principal Place of Business
5944 34TH STREET NORTH
UNIT 26
ST. PETERSBURG FL 33714

Mailing Address
4095 EMBASSY DRIVE S.E.
GRAND RAPIDS MI 49546
US

00070703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3338672

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

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

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 *see attached change form*

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

(NOT) 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!
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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOMA, CHARLES R 1878 PIEDMONT RD ATLANTA GA 30324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R Receiver STENGER, PHILLIP S 4095 EMBASSY DRIVE S.E. GRAND RAPIDS MI 49546	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 #

5/22/01 616-940-1190

CR2E034 (10/00)

Attachment Doc# P95000075071

CU070709

Requester's Name	
Address	
City/State/Zip	Phone #

700003509187--E
-12/20/00--01078--004
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of State

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
00 DEC 20 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

CW70709

**CERTIFICATE OF CHANGE OF
REGISTERED AGENT/REGISTERED OFFICE
OF
SRH ASSOCIATES, INC.**

Pursuant to the provisions of Section 607.0502, Florida Statutes, **SRH ASSOCIATES, INC.**, a corporation organized and existing under and by virtue of the laws of the State of Florida (the "Corporation"), hereby submits the following statement in designating a new Registered Office/Registered Agent, in the State of Florida:

1. The name of this corporation is:

SRH ASSOCIATES, INC.

2. The name and address of the current registered agent is:

Michael V. Elsberry
215 North Eola Drive
Orlando, Florida 32801

3. The name and address of the registered agent is to be changed to:

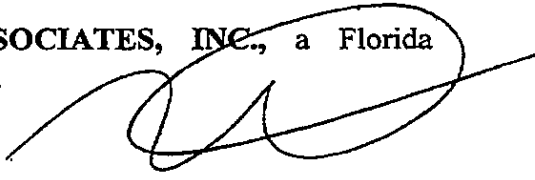
CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

4. The street address of the registered office of the corporation and the street address of the business office of its registered agent, as changed, will be identical.

5. That Phillip S. Stenger, as Receiver of the Corporation has been authorized by resolution duly adopted by the board of directors to execute this Certificate of Change on behalf of the Corporation.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Change as of the 7th day of ^{November} ~~September~~, 2000.

SRH ASSOCIATES, INC., a Florida corporation

By: 
Phillip S. Stenger, Receiver

FILED
00 DEC 20 PM 2:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Attachment Doc# P95006075071
C0070709

ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of SRH ASSOCIATES,
INC.

CT Corporation System

By: Vicky Goldstein
Printed Name: VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY