

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001548

1. Entity Name -

CITATION CLUB CORP.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90300 042 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 31731 NORTHWESTERN HWY 31731 NORTHWESTERN HWY
 STE. 250W STE. 250W
 FARMINGTON HILLS MI 48334 FARMINGTON HILLS MI 48334-1668
 US US

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 **65-0630722** 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

LUPTAK, PAOLA M
 2295 CORPORATE BLVD., NW, STE 240
 BOCA RATON FL 33431

Name
 Street Address (Post Office Box Number is Not Acceptable)
 4700 NW Boca Raton Blvd
 4th Floor
 City Boca Raton, FL 33431 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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	V	<input type="checkbox"/> Delete
NAME	PAOLA, LUPTAK	
STREET ADDRESS	2295 CORPORATE BLVD NW STE 240	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	BEZNOS, MAURICE	
STREET ADDRESS	31731 NW HWY, STE. 250W	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BEZNOS, NORMAN	
STREET ADDRESS	31731 NW HWY, STE. 250W	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHUMAKER, DON	
STREET ADDRESS	2295 CORPORATE BLVD NW STE 240	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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 duly empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2000

Date

Daytime Phone #

CR2E034 (9/99)