

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90336 006 \*\*\*150.00

**DOCUMENT # P97000053639**

1. Entity Name  
**DEVELOPMENT COMPANY OF GOLDEN GATE, INC.**



Principal Place of Business  
**600 EAGLE WATCH LANE  
OSPREY FL 34229**

Mailing Address  
**7350 S TAMiami TRAIL  
#219  
SARASOTA FL 34231**

**90011195**



2. Principal Place of Business

3. Mailing Address

**2701 TROY CENTER DR**

Suite, Apt. #, etc.

**400**

City & State

**TROY, MI 48084**

4. FEI Number **65-0829542**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**48084**

**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

**GORDON, BRUCE H  
101 E. KENNEDY BLVD., STE. 2800  
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PTD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BIBER, MICHAEL J	2701 TROY CENTER DR. #400	TROY MI 48084						
	VS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FOWLER, JOHN F	2701 TROY CENTER DR. #400	TROY MI 48084						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**JOHN R. FOWLER, JR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-17-03 (248) 362-2030**

CR2E034 (10/02)