

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90488 006 \*\*\*150.00

DOCUMENT # **PA8000051381**

1. Entity Name

**ADIRONDACK ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**922 South Federal Hwy  
Dania, FL. 33023**

**922 South Federal Way  
Dania, FL 33004**

2. Principal Place of Business

3. Mailing Address

**30300 Telegraph Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 117**

City & State

City & State

**Bingham Farms, MI**

4. FEI Number

**65-0844620**

Applied For

Not Applicable

Zip

Country

Zip

Country

**48025**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Robert S. Davis  
16474 Brookfield Estates Way  
Delray Beach, FL 33446**

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  
NAME **Robert S. Davis** ☐ Delete  
STREET ADDRESS **2721 2nd Ave.**  
CITY - ST - ZIP **Lake Worth, FL 33461**

TITLE  
NAME **Robert S. Davis** ☒ Change ☐ Addition  
STREET ADDRESS **16474 Brookfield Est. Way**  
CITY - ST - ZIP **Delray Beach, FL 33446**

TITLE  
NAME **VS** ☐ Delete  
STREET ADDRESS **James Bellinson**  
CITY - ST - ZIP **242 Aspen  
Birmingham, MI 48009**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 of 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 #