### 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000098477

Entity Name: FGE MANAGER, INC.

## **Current Principal Place of Business:**

319 CLEMATIS STREET SUITE 608

WEST PALM BEACH, FL 33401

# **Current Mailing Address:**

319 CLEMATIS STREET SUITE 608

WEST PALM BEACH, FL 33401 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CUMMINGS, PETER D 319 CLEMATIS STREET SUITE 608 WEST PALM BEACH, FL 33401 US

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:

Electronic Signature of Registered Agent

Date

FILED Apr 27, 2017

**Secretary of State** 

CC6076407134

### Officer/Director Detail:

Title PRES Title VF

Name FISHER, MARJORIE M Name CUMMINGS, JULIE F

Address TWO TOWNE SQUARE SUITE 900 Address TWO TOWNE SQUARE SUITE 900

City-State-Zip: SOUTHFIELD MI 48076 City-State-Zip: SOUTHFIELD MI 48076

Title VP Title VP

Name FISHER, MARY D Name FISHER, PHILLIP W

Address TWO TOWNE SQUARE SUITE 900 Address TWO TOWNE SQUARE SUITE 900

City-State-Zip: SOUTHFIELD MI 48076 City-State-Zip: SOUTHFIELD MI 48076

Title SEC Title A.S.

Name SHERMAN, JANE F Name HOWARD, JANET L

Address TWO TOWNE SQUARE SUITE 900 Address TWO TOWNE SQUARE SUITE 900

City-State-Zip: SOUTHFIELD MI 48076 City-State-Zip: SOUTHFIELD MI 48076

A.S.

Electronic Signature of Signing Officer/Director Detail

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.