2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 821369 1. Entity Name WHITEHALL ENTERPRISES, INC.					FILED Feb 29, 2000 8:00 am Secretary of State 02-29-2000 90119 010 ***150.00				
Principal Plac		Mailing Address							
3400 MORGAN ROAD ANN ARBOR MI 48108		3400 MORGAN ROAD ANN ARBOR MI 48108-9637			I LODIOL FOID		80014341	ET ØTDER TØDE	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4	I. FEI Number	38-1539810	No	Applied For Not Applicable	
Zip	Country	Zip	Country			Status Desired	\$8.75 Add Fee Require		
-	6. Name and Address of Current	Registered Agent	Name	7	. Name and A	ddress of New Re	gistered Agent		
BRADRAM, MAAINE Street Addree				Idress (P.O	R, MAXIN Box Number i NSET BLV	is Not Acceptable)			
BELL	eair Bluffs FL 33770				EAIR BLUFFS FL 33770			le	
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 D									
Tax filing r	pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)		IFEE IS \$150.0 00 Fee will be \$55 le to Department	50.00	l	ion Campaign Fina Fund Contribution.		10 May Be d to Fees	
11.	OFFICERS AND		12.		ADDITIONS/C	HANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ceo Johnson,lloyd r 2838 Sunset Blvd. Belleair Bluffs Fl	🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition O	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	t Johnson,mabel 2838 Sunset Blvd. Belleair Bluffs Fl	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				🔲 Change	Addition C	
TITLE Name Street address	P KUMMER, GORDON H. 9367 WILD OAKS CR.		TITLE NAME STREET ADDRESS CITY-ST-ZIP				🗌 Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOUTH LYON MI S KUMMER, LINDA 9367 WILD OAKS CR SOUTH LYON MI 48178	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- <u></u>			Change	Addition	
TITLE NAME	VP Bradham, Maxine	Delete	TITLE NAME	VP CHAR	TIER, M	1A X I N E	Change	Addition	
STREET ADDRESS CITY - ST - ZIP	2856 SUNSET BLVD BELLEAIR BLUFFS FL 33770		STREET ADDRESS CITY-ST-ZIP	2856	SUNSET	BLVD			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BELL	eair b l	UFFS FL	33770 Change	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									
