

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90185 019 ***150.00

DOCUMENT # P18229

1. Entity Name

GABRIEL, ROEDER, SMITH & COMPANY

Principal Place of Business

Mailing Address

1000 TOWN CENTER
 SUITE 1000
 SOUTHFIELD MI 48075
 US

1000 TOWN CENTER
 SUITE 1000
 SOUTHFIELD MI 48075-1259
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-1691268**

Applied For
 Not Applicable

Zip Country Zip Country

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

LING, GEORGE S.
301 EAST LAS OLAS BLVD
STE. 200
FT LAUDERDALE FL 33301

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	JONES, NORMAN L.	
STREET ADDRESS	1000 TOWN CENTER, STE 1000	
CITY-ST-ZIP	SOUTHFIELD MI 48675	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAVENAUGH, THOMAS J	
STREET ADDRESS	1000 TOWN CENTER SUITE 1000	
CITY-ST-ZIP	SOUTHFIELD MI 48075	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, SHIRLEY B.	
STREET ADDRESS	1000 TOWN CENTER SUITE 1000	
CITY-ST-ZIP	SOUTHFIELD MI 48075	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BRAIN, MURPHY B.	
STREET ADDRESS	1000 TOWN CENTER SUITE 1000	
CITY-ST-ZIP	SOUTHFIELD MI 48075	
TITLE	D	<input type="checkbox"/> Delete
NAME	LING, GEORGE S	
STREET ADDRESS	301 E. LAS OLAS BLVD STE 201	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRACCIALARGHE, THEORA P	
STREET ADDRESS	301 E. LAS OLAS BLVD STE 201	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra W. Rodwan	
STREET ADDRESS	1000 Town Center, Suite 1000	
CITY-ST-ZIP	Southfield, MI 48075	
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 like empowered.

SIGNATURE: **E. Kenneth Jones** **2/14/2000** **248-799-9000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)