

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State
 02-04-2000 90001 047 ***150.00

DOCUMENT # 828039

1. Entity Name

WESTERN STAR UNDERWRITERS, INC.

Principal Place of Business

Mailing Address

**5600 BEECH TREE LANE
 GRAND RAPIDS MI 49316
 US**

**5600 BEECH TREE LANE
 PO BOX 2450
 GRAND RAPIDS MI 49501-2450**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-1593853

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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	VD	<input type="checkbox"/> Delete
NAME	ISSACSON, ROBERT	
STREET ADDRESS	500 BELMONT	
CITY-ST-ZIP	FRIENDSWOOD TX	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	HAINES, KENNETH C	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA MI	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YARED, PAUL D.	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA MI	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, R J	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	HOUSTON TX	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOUDSTRA, F R	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, WILL	
STREET ADDRESS	2407 WOODMONT	
CITY-ST-ZIP	AUSTIN TX	

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	S/D/GC	<input checked="" 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		
TITLE	AS/D	<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: X *Paul D. Yared* **Paul D. Yared, Secertary** **January 24, 2000** **(616) 956-3750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)