

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 847986

1. Entity Name

AMERISURE INSURANCE COMPANY

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90091 044 \*\*\*150.00

Principal Place of Business

Mailing Address

26777 HALSTED RD  
FARMINGTON HILLS MI 48331-586  
US

P O BOX 2060  
FARMINGTON HILLS MI 48333-2060  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-1869912**

Applied For

Not Applicable

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

DIETERLE, M  
6133 CENTRAL AVE  
ST PETE FL 33710

Name

**Randy Lester**

Street Address (P.O. Box Number is Not Acceptable)

**Amerisure Insurance Companies**

City

**6133 Central Ave.  
St. Petersburg,**

**FL**

Zip Code

**33710-8530**

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

*Randy Lester*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/11/00

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 VS ☐ Delete  
NAME VINCENT, SUSAN G.  
STREET ADDRESS 26777 HALSTED RD  
CITY-ST-ZIP FARMINGTON HILLS MI 48331

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

TITLE V ☐ Delete  
NAME HOEG, THOMAS E.  
STREET ADDRESS 26777 HALSTED ROAD  
CITY-ST-ZIP FARMINGTON HILLS MI 48331

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

TITLE V ☐ Delete  
NAME OLSON, D J  
STREET ADDRESS 26777 HALSTED RD  
CITY-ST-ZIP FARMINGTON HILLS MI 48331

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

TITLE PD ☐ Delete  
NAME RUSSELL, RICHARD F  
STREET ADDRESS 26777 HALSTED RD  
CITY-ST-ZIP FARMINGTON HILLS MI 48331

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

TITLE T ☐ Delete  
NAME KINNAN, R D  
STREET ADDRESS 26777 HALSTED RD  
CITY-ST-ZIP FARMINGTON HILLS MI 48331

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

TITLE V ☐ Delete  
NAME BURGESS, PAMELA A  
STREET ADDRESS 26777 HALSTED RD  
CITY-ST-ZIP FARMINGTON HILLS MI 48331

TITLE ☐ Change ☐ 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:

*D. Joseph Olson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**D. Joseph Olson**

1/11/00

Date

248-426-7990

Daytime Phone #