

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State
02-18-2003 90099 018 ***237.50

DOCUMENT # 571078

1. Entity Name
HOLLAND-AMERICA INVESTMENTS CORPORATION



Principal Place of Business
**606 BALD EAGLE DRIVE, SUITE 500
P. O. BOX ONE
MARCO ISLAND FL 33937**

Mailing Address
**P. O. BOX ONE
MARCO ISLAND FL 33937
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1828815**

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

**WOODWARD, CRAIG, R., ESQUIRE
606 BALD EAGLE DR., SUITE 500
ISLAND TOWER BUILDING
MARCO ISLAND FL 33937**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	KUPERUS, HARRY	
STREET ADDRESS	BRAKENTRAAT 2, 5151 GM	
CITY-ST-ZIP	DRUNEN, NETHERLANDS	
TITLE	S	<input type="checkbox"/> Delete
NAME	KUPERUS, ADRIANA	
STREET ADDRESS	BRAKENTRAAT 2, 5151 GM	
CITY-ST-ZIP	DRUNEN, NETHERLANDS	
TITLE	P	<input type="checkbox"/> Delete
NAME	KUPERUS, JERRY	
STREET ADDRESS	BRAKENTRAAT 2, 5151 GM	
CITY-ST-ZIP	DRUNEN, NETHERLANDS	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry H. Kuperus

January 29, 2003

Date

Daytime Phone #