

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 809782

1. Entity Name

MUTUAL OF DETROIT INSURANCE COMPANY

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90120 019 ***150.00

Principal Place of Business

Mailing Address

333 PLYMOUTH ROAD
BOX # 500
PLYMOUTH MICHIGAN 48170

333 PLYMOUTH ROAD
BOX # 500
PLYMOUTH MICHIGAN 48170-0500

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 38-0480186

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

TARDONIA, GEORGE J
120 SE 26TH AVENUE
BOYTON BEACH FL 33435

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 D ☐ Delete
NAME HUGHES, H. H
STREET ADDRESS 5800 HOOVER AVE.
CITY-ST-ZIP INDIAN TRAIL NC

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

TITLE VD ☐ Delete
NAME LOVE, J.M.
STREET ADDRESS 22500 DEVRON CT
CITY-ST-ZIP NOVI MI

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

TITLE V ☐ Delete
NAME JOHNSON, R.J.
STREET ADDRESS 111 MILFORD MEADOWS
CITY-ST-ZIP MILFORD MI

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

TITLE CPD ☐ Delete
NAME BLUE, D. M.
STREET ADDRESS 18320 LARAUGH DRIVE.
CITY-ST-ZIP NORTHVILLE MI

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

TITLE VSTD ☐ Delete
NAME KNIGHT, JACK A
STREET ADDRESS 4855 NORTHGATE DR
CITY-ST-ZIP ANN ARBOR MI 48103

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

TITLE D ☐ Delete
NAME TRAVIS, RAYMOND E
STREET ADDRESS 19304 OLD BRIDGE COURT
CITY-ST-ZIP NORTHVILLE MI 48167

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00 (734) 53-8500