

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 844330

1. Entity Name

CAMPBELL INSURANCE AGENCY OF FLORIDA, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90058 021 ***150.00

Principal Place of Business

Mailing Address

325-84TH ST.,S.W.
P.O.BOX 1788 (GRAND RAPIDS, MI.49501)
BYRON CENTER MI 49315

325-84TH ST.,S.W.
P.O.BOX 1788 (GRAND RAPIDS, MI.49501)
BYRON CENTER MI 49315-9305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2004506

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
NAME
STREET ADDRESS
CITY - ST - ZIP

P.
WABEKE, MARK
3024 RENATTA DR.
BELL BAIR BLUFFS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VPD
VAN DAM, WAYNE
3685 146TH ST.
HAMILTON MI

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BARNABY, MERLE S
9750 KALAMAZOO
CALEDONIA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SCHINNERER, EDWARD M
1820 WATERBURY
GRAND RAPIDS MI

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
DIEPENHORST, CHRISTOPHER
9151 BLUFF LAKE STREET
ZEELAND MI 49464

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ Change ☐ Addition

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DIRECTOR
MARY LOU BARN
2308 FOREST WEST
FENNIVILLE MI 49408

☐ Change ☒ Addition

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:

CHRISTOPHER DIEPENHORST, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

(616) 878-3351

Daytime Phone #