

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90106 002 ***550.00

0667387 AB

DOCUMENT # 844330

1. Entity Name
CAMPBELL INSURANCE AGENCY OF FLORIDA, INC.



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

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

2. Principal Place of Business
4625 East Bay Drive

3. Mailing Address

Suite, Apt. #, etc.
#227

Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State

Zip
33764

Country
USA

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-2004506

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

**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. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WABEKE, MARK
3024 RENATTA DR.
BELL BAIR BLUFFS FL**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
PAUL VAN DAM
3681 144TH AVE
HAMILTON MI 49419**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
BARNABY, MERLE S
9750 KALAMAZOO
CALEDONIA FL 49316**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO, DIRECTOR ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCHINNERER, EDWARD M
1491 FAIRWOOD COURT
CALEDONIA MI 49316**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, DIRECTOR ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
DIEPENHORST, CHRISTOPHER
9151 BLUFF LAKE STREET
ZEELAND MI 49464**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO, TREASURER, SEC, DIR ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BARNA, MARY LOU
2348 FOREST WEST
FENNVILLE MI 49408**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO, DIRECTOR
DONALD COLLINS
5594 Discovery Drive SE
Kentwood, MI 49508** ☐ Change ☒ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/2003

Date

1-616-878-3351

Daytime Phone #

CR2E034 (10/02)