

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 844330

FILED
Jul 07, 2003
Secretary of State

Entity Name: CAMPBELL INSURANCE AGENCY OF FLORIDA, INC.

Current Principal Place of Business:

4625 EAST BAY DRIVE
#227
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2004506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WABEKE, MARK,
Address: 3024 RENATTA DR.
City-St-Zip: BELL BAIR BLUFFS, FL

Title: VPD () Delete
Name: PAUL VAN DAM,
Address: 3681 144TH AVE
City-St-Zip: HAMILTON, MI 49419

Title: CEOD () Delete
Name: BARNABY, MERLE S
Address: 9750 KALAMAZOO
City-St-Zip: CALEDONIA, FL 49316

Title: VPD () Delete
Name: SCHINNERER, EDWARD M
Address: 1491 FAIRWOOD COURT
City-St-Zip: CALEDONIA, MI 49316

Title: CFTS () Delete
Name: DIEPENHORST, CHRISTOPHER
Address: 9151 BLUFF LAKE STREET
City-St-Zip: ZEELAND, MI 49464

Title: COOD () Delete
Name: COLLINS, DONALD
Address: 5594 DISCOVERY DRIVE, S.E.
City-St-Zip: KENTWOOD, MI 49508

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER DIEPENHORST

CFTS

07/07/2003

Electronic Signature of Signing Officer or Director

Date