

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 844344

1. Entity Name

FOREMOST HOME SERVICES CORPORATION

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90017 002 ***150.00

Principal Place of Business Mailing Address
5600 BEECH TREE LANE 5600 BEECH TREE LANE
P O BOX 2450 ATTN: TAX DEPT. P O BOX 2450 ATTN: TAX DEPT.
GRAND RAPIDS MI 49501 GRAND RAPIDS MI 49501-2450

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2260224 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.

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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANNIGAN, JOHN J		NAME		
STREET ADDRESS	5600 BEECH TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA MI		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WLOUDSTRA, F ROBERT		NAME		
STREET ADDRESS	5600 BEECH TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA MI		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YARED, P D		NAME		
STREET ADDRESS	5600 BEECH TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA MI		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SELLHORN, RANDALL C.		NAME		
STREET ADDRESS	5600 BEECH TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA MI		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAINES, KENNETH C		NAME		
STREET ADDRESS	6700 BEECH TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA MI		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.

SIGNATURE: *Paul D. Yared* Paul D. Yared, Secretary January 24, 2000 (616) 956-3750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)