

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90085 040 \*\*\*150.00

**DOCUMENT # 844344**

1. Entity Name  
**FOREMOST HOME SERVICES CORPORATION**

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**

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 **38-2260224** 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 \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>PD</b> <b>HANNIGAN, JOHN J</b> <b>5600 BEECH TREE LANE</b> <b>CALEDONIA MI</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOUDSTRA, F ROBERT</b> <b>5600 BEECH TREE LANE</b> <b>CALEDONIA MI</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LEAMAN, STEPHEN J</b> <b>1680 WILSHIRE BLVD</b> <b>LOS ANGELES CA 90010</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SELLHORN, RANDALL C.</b> <b>5600 BEECH TREE LANE</b> <b>CALEDONIA MI</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BROWN, MARTIN R</b> <b>5600 BEACH TREE LANE</b> <b>CALEDONIA MI 49316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>HOHL, DOREN E</b> <b>4680 WILSHIRE BLVD</b> <b>LOS ANGELES CA 90010</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Pepper, Jeffrey L</b> <b>5600 Beech Tree Lane</b> <b>Caledonia, MI 49316</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>Chessher, Mark C</b> <b>4680 Wilshire Blvd</b> <b>Los Angeles, CA 90010</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>Mountz, Hubert L</b> <b>4680 Wilshire Blvd</b> <b>Los Angeles, CA 90010</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Boshoven, Stephen J</b> <b>4680 Wilshire Blvd</b> <b>Los Angeles, CA 90010</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: X** **Signature Required** **Jeffrey L Pepper, Treasurer** **March 7, 2002** **(616) 956-3750**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SECRETARY OF STATE

CR2E034 (9/01)