

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90008 030 ***550.00

0134715 AT

DOCUMENT # F00000004279

1. Entity Name

MENNO INSURANCE SERVICE, INC.

LA

Principal Place of Business

**1110 NORTH MAIN STREET
 GOSHEN IN 46528**

Mailing Address

**PO BOX 483
 GOSHEN IN 46527**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

35-6038806

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MILLER, JIM
 3737 BAHIA VISTA ST., #11
 SARASOTA FL 34232**

7. Name and Address of New Registered Agent

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BRENNEMAN, HOWARD L	
STREET ADDRESS	720 FOXBRIAR	
CITY-ST-ZIP	GOSHEN IN 46526	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARBODEN, STEVE	
STREET ADDRESS	701 REVERE DRIVE	
CITY-ST-ZIP	GOSHEN IN 46526	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOMMERS, KARL C	
STREET ADDRESS	850 WALDEN LANE	
CITY-ST-ZIP	GOSHEN IN 46526	
TITLE	T	<input type="checkbox"/> Delete
NAME	LIECHTY, JOHN L	
STREET ADDRESS	1403 ASHTON COURT	
CITY-ST-ZIP	GOSHEN IN 46526	
TITLE	C	<input type="checkbox"/> Delete
NAME	HARDER, BRUCE	
STREET ADDRESS	2555 NE 28TH	
CITY-ST-ZIP	PORTLAND OR 97212	
TITLE	VC	<input type="checkbox"/> Delete
NAME	SUTER, CAROL	
STREET ADDRESS	7233 NORTH BELLEFONTAINE	
CITY-ST-ZIP	KANSAS CITY MO 64119	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.16.01

Date

219.533.9511

Daytime Phone #

CR2E034 (5/01)