

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/3

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90091 026 \*\*\*550.00

**DOCUMENT # F99000000019**

1. Entity Name

**ADAMS FIREPLACE COMPANY, INC.**

Principal Place of Business

2450 BUCHANAN SW  
GRAND RAPIDS MI 49548

Mailing Address

2450 BUCHANAN SW  
GRAND RAPIDS MI 49548

2. Principal Place of Business

**5955 Crossroads Commerce**

Suite, Apt. #, etc.

3. Mailing Address

**5955 Crossroads Commerce**

Suite, Apt. #, etc.

City & State

**Grand Rapids, MI**

City & State

**Grand Rapids, MI**

4. FEI Number

**38-3115774**

Applied For

Not Applicable

Zip

**49509**

Country

**USA**

Zip

**49509**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, CRAIG  
8660 AMBER OAK CT.  
ORLANDO FL 32817**

7. Name and Address of New Registered Agent

Name **Don Knappe**

Street Address (P.O. Box Number is Not Acceptable)  
**1442 Towhee Run**

City **Oviedo**

**FL**

Zip Code **32765**

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 **Don Knappe, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-18-00**

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 13, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CS ADAMS, CRAIG 8660 AMBER OAK CT. ORLANDO FL 32817</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CT ADAMS, LILO 2450 BUCHANAN SW GRAND RAPIDS MI 49548</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEANE, LARRY 7674 GREENBRIER DR. NE ROCKFORD MI 48341</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KNAPE, DON 1442 TOWHEE RUN OVIEDO FL 32765</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS TAYLOR, CATHY 2450 BUCHANAN AVE. SW GRAND RAPIDS MI 49548</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CT Adams, Lilo 5955 Crossroads Commerce Grand Rapids, MI 49509</b>	<input checked="" type="checkbox"/> Change <input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS Taylor, Cathy 5955 Crossroads Commerce Grand Rapids, MI 49509</b>	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-18-00**

DATE

**616-261-4400**

Daytime Phone #

CR2E034 (5/00)