

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90007 050 ***550.00

DOCUMENT # F99000006541

1. Entity Name

GILMORE BROTHERS, INC.

Principal Place of Business

**143 S. BURDICK ST.
 KALAMAZOO MI 49007**

Mailing Address

**143 S. BURDICK ST.
 KALAMAZOO MI 49007**

2. Principal Place of Business

210 FARMERS ALLEY

Suite, Apt. #, etc.

3. Mailing Address

210 FARMERS ALLEY

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-0579100

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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** ☐ Delete
 NAME **PHILLIPS, STEPHEN**
 STREET ADDRESS **143 S. BURDICK ST.**
 CITY-ST-ZIP **KALAMAZOO MI 49007**

TITLE **V** ☐ Delete
 NAME **BREYFOGLE, KATHY**
 STREET ADDRESS **143 S. BURDICK ST.**
 CITY-ST-ZIP **KALAMAZOO MI 49007**

TITLE **V** ☐ Delete
 NAME **PHILLIPS, BRYANT**
 STREET ADDRESS **143 S. BURDICK ST.**
 CITY-ST-ZIP **KALAMAZOO MI 49007**

TITLE **D** ☐ Delete
 NAME **BOUDEMAN, SHERWOOD M**
 STREET ADDRESS **229 E. MICHIGAN SUITE 230**
 CITY-ST-ZIP **KALAMAZOO MI 49007**

TITLE **D** ☐ Delete
 NAME **DAWE, SHIRLEY ANN**
 STREET ADDRESS **119 CRESCENT ROAD**
 CITY-ST-ZIP **TORONTO ONTARIO CANADA**

TITLE **D** ☐ Delete
 NAME **PARFET, MARTHA**
 STREET ADDRESS **5228 SHEFFIELD ROAD**
 CITY-ST-ZIP **HICKORY CORNERS MI 49060**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR/SECRETARY/TREASURER** ☐ Change ☒ Addition
 NAME **RAY T. PARFET JR**
 STREET ADDRESS **15650 NORTHWOOD LANE**
 CITY-ST-ZIP **HICKORY CORNERS, MI 49060**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **WILLIAM U. PARFET**
 STREET ADDRESS **54943 N. MAIN ST.**
 CITY-ST-ZIP **MATTAWAN, MI 49071**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DIRECTOR/CHAIRWOMAN** ☒ Change ☐ Addition
 NAME **MARTHA PARFET**
 STREET ADDRESS **15650 NORTHWOOD LN**
 CITY-ST-ZIP **HICKORY CORNERS, MI 49060**

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:

KATHY BREYFOGLE VP/CONTROLLER 7-11-1 616-373-2540
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)