

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90128 006 \*\*\*150.00

**DOCUMENT # P01000059067**

1. Entity Name  
**FOREMOST EXPRESS INSURANCE AGENCY OF FLORIDA, INC.**



Principal Place of Business  
**5600 BEECH TREE LN.  
GRAND RAPIDS MI 49501**

Mailing Address  
**5600 BEECH TREE LN.  
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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **38-3618037**

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 RD.  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANNIGAN, JOHN J 5600 BEECH TREE LN. GRAND RAPIDS MI 49501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOUDSTRA, F. ROBERT 5600 BEECH TREE LN. GRAND RAPIDS MI 49501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOYNER, RONNIE L 5600 BEECH TREE LN. GRAND RAPIDS MI 49501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREUL, NANCY H 5600 BEECH TREE LN. GRAND RAPIDS MI 49501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSHOVEN, STEVEN 4680 WILSHIRE BLVD. LOS ANGELES CA 90010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOEDELMA, MICHAEL KENT 3920 SEA EAGLE CIR. ST. AUGUSTINE FL 32086	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ruder, Nora 5600 Beech Tree Lane Caledonia, MI 49316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Woudstra, F Robert 5600 Beech Tree Lane Caledonia, MI 49316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Sciba, Robert C 5600 Beech Tree Lane Caledonia, MI 49316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Brown, Martin R 5600 Beech Tree Lane Caledonia, MI 49316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Hohl, Doren E 5600 Beech Tree Lane Caledonia, MI 49316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Pepper, Jeffrey L 5600 Beech Tree Lane Caledonia, MI 49316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: *Jeffrey L Pepper* RE: Jeffrey L Pepper, Treasurer March 13, 2003 (616) 956-3750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Foremost Express Insurance Agency of Florida, Inc  
Additional Officers & Directors

Attachment # 80061015

PO100005967

<u>Title</u>	<u>Name</u>	<u>Street Address</u>	<u>City, State</u>
Assistant Treasurer	Ronald Bassolino	4680 Wilshire Blvd	Los Angeles, CA
Assistant Treasurer	Hubert Mountz	4680 Wilshire Blvd	Los Angeles, CA