

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05735

1. Entity Name

FOREMOST EXPRESS INSURANCE AGENCY, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90035 032 ***150.00

Principal Place of Business

5600 BEECH TREE LANE
GRAND RAPIDS MI 49501
US

Mailing Address

5600 BEECH TREE LANE
P.O. BOX 2450
GRAND RAPIDS MI 49501-2450

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **38-2505922**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 \$150.00
After MAY 1, 2000 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

TITLE	D	☐ Delete
NAME	ANTONINI, RICHARD L	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA MI	
TITLE	V	☐ Delete
NAME	SCIBA, ROBERT L.	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA MI	
TITLE	TDV	☐ Delete
NAME	WOUDSTRA, F. ROBERT	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA MI	
TITLE	C	☒ Delete
NAME	HAINES, KENNETH C	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA MI	
TITLE	DP	☒ Delete
NAME	HEATHERLY, DAVID A.	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA MI	
TITLE	S	☐ Delete
NAME	YARED, PAUL D.	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA MI	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: **X** *Paul D. Yared* **Paul D. Yared, Secretary** January 24, 2000 (616) 956-3750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)