

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P35911

1. Entity Name
RDV SPORTS, INC.



Principal Place of Business
126 OTTAWA NE
SUITE 500
49503 RAPIDS, MI 49503 US

Mailing Address
126 OTTAWA AVE NW
STE 500
GRAND RAPIDS, MI 49503 US



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3015564

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000909069
05/06/08-80056-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	DEVOS, RICHARD M.
STREET ADDRESS	126 OTTAWA AVE NW, #500
CITY-ST-ZIP	GRAND RAPIDS, MI
TITLE	VS
NAME	TUBERGEN, JERRY L.
STREET ADDRESS	126 OTTAWA AVE NW, #500
CITY-ST-ZIP	GRAND RAPIDS, MI
TITLE	D
NAME	DEVOS, RICHARD M. JR.
STREET ADDRESS	126 OTTAWA AVE NW, #500
CITY-ST-ZIP	GRAND RAPIDS, MI
TITLE	D
NAME	DEVOS, DOUGLAS L.
STREET ADDRESS	126 OTTAWA AVE NW, #500
CITY-ST-ZIP	GRAND RAPIDS, MI
TITLE	D
NAME	DEVOS VANDERWEIDE, SUZANNE D.
STREET ADDRESS	126 OTTAWA AVE NW, #500
CITY-ST-ZIP	GRAND RAPIDS, MI
TITLE	T
NAME	SCHIERBEEK, ROBERT H
STREET ADDRESS	126 OTTAWA AVE NW # 500
CITY-ST-ZIP	GRAND RAPIDS, MI 49503

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert H. Schierbeek 4/18/08 454-4114