

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90012 048 ***150.00

DOCUMENT # P99000001753

1. Entity Name

AMERISURE BUSINESS SOLUTIONS OF FLORIDA THREE, I

Principal Place of Business

**339 6TH AVE. WEST
BRADENTON FL 34205**

Mailing Address

**339 6TH AVE. WEST
BRADENTON FL 34205-8820**

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 **65-0885412**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DORRIS, VIRGINIA A
339 6TH AVE. WEST
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name

Reba C. Rogers

Street Address (P.O. Box Number is Not Acceptable)

339 6th Avenue West

City

Bradenton

FL

Zip Code

34205

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 **Reba C. Rogers, Pres.**

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

Reba C. Rogers

(NOTE: Registered Agent signature required when reinstating)

2/4/00

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 \$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 **PT** ☐ Delete
NAME **KINNAN, R. DOUGLAS**
STREET ADDRESS **46139 GALWAY DR.**
CITY-ST-ZIP **NOVI MI 48374**

TITLE **VS** ☐ Delete
NAME **DIETERLE, MICHAEL**
STREET ADDRESS **3039 RAINBOW CT.**
CITY-ST-ZIP **SAFETY HARBOR-FL 34695**

TITLE **V** ☐ Delete
NAME **DORRIS, VIRGINIA A**
STREET ADDRESS **339 6TH AVE. WEST**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **V** ☐ Delete
NAME **RUSSELL, RICHARD F**
STREET ADDRESS **6295 BLOOMFIELD GLENS WEST**
CITY-ST-ZIP **BLOOMFIELD MI 48332**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Treasurer** ☒ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☒ Change ☐ Delete
NAME **Michael Dieterle**
STREET ADDRESS **47202 White Pines Dr.**
CITY-ST-ZIP **Novi, MI 48374**

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

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

TITLE **President** ☐ Change ☒ Delete
NAME **Reba C. Rogers**
STREET ADDRESS **2015 74th Street NW**
CITY-ST-ZIP **Bradenton, FL 34209**

TITLE **Secretary** ☐ Change ☒ Delete
NAME **Susan Gailey Vincent**
STREET ADDRESS **1787 Sheffield**
CITY-ST-ZIP **Birmingham, MI 48009**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Reba C. Rogers, PRESIDENT* **REBA C. ROGERS** **2/4/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-745-1836