

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90065 020 ***150.00

DOCUMENT # V34056

1. Entity Name

AMERISURE BUSINESS SOLUTIONS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

339 6TH AVENUE WEST
 BRADENTON FL 34205
 US

339 6TH AVENUE WEST
 BRADENTON FL 34205-8820
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0327388

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

7. Name and Address of New Registered Agent

DORRIS, VIRGINIA A
339 6TH AVENUE WEST
BRADENTON FL 34205

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.**

Reba C. Rogers

2/4/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **Treasurer** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE **Secretary** Change Addition
 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 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: *Reba C. Rogers* **PRESIDENT / REBA C. ROGERS**

2/4/00

941-745-1836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C.F. 1034 (9/99)