

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90041 042 ***150.00

DOCUMENT # 828606

1. Entity Name

UNIVERSAL FOREST PRODUCTS, INC.

Principal Place of Business

Mailing Address

**2801 E BELTLINE, N.E.
 GRAND RAPID MI 49525**

**2801 E BELTLINE, N.E.
 GRAND RAPID MI 49525-9680**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-1465835

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'NEILL, KEVIN
 105 PROGRESS RD
 AUBURNDALE FL 33823-7217**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CURRIE, WILLIAM G.	
STREET ADDRESS	1830 BEARD DR. S.E.	
CITY-ST-ZIP	GRAND RAPIDS, MI 00000	
TITLE	VT	<input type="checkbox"/> Delete
NAME	NICKELS, ELIZABETH A	
STREET ADDRESS	4061 IVENREST SW	
CITY-ST-ZIP	GRANDVILLE MI 49418	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MISSAD, MATTHEW J	
STREET ADDRESS	1624 RIVA RIDGE DR. S.E.	
CITY-ST-ZIP	GRAND RAPIDS MI 49546	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARD, JAMES H	
STREET ADDRESS	76 LOWER MEIGS RD	
CITY-ST-ZIP	MOULTRIE GA	
TITLE	C	<input type="checkbox"/> Delete
NAME	SECCHIA, PETER F	
STREET ADDRESS	2833 BONNELL, SE	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael R. Cole	
STREET ADDRESS	2801 E. Beltline NE	
CITY-ST-ZIP	Grand Rapids, MI 49525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael R. Cole
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/2000
 Date

616 364 6161
 Daytime Phone #

CR2E034 (9/99)