

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90031 035 \*\*\*150.00

**DOCUMENT # 828606**

1. Entity Name

**UNIVERSAL FOREST PRODUCTS, INC.**

Principal Place of Business

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

Mailing Address

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<del>PO</del>	<b>CURRIE, WILLIAM G.</b>	<b>1830 BEARD DR. S.E.</b>	<b>GRAND RAPIDS, MI 00000</b>	<input type="checkbox"/>
<del>VT</del>	<b>COLE, MICHAEL R</b>	<b>2801 E BELTLINE NE</b>	<b>GRAND RAPIDS MI 49525</b>	<input type="checkbox"/>
<del>SVP</del>	<b>MISSAD, MATTHEW J</b>	<b>1624 RIVA RIDGE DR. S.E.</b>	<b>GRAND RAPIDS MI 49546</b>	<input checked="" type="checkbox"/>
<del>V</del>	<b>WARD, JAMES H</b>	<b>76 LOWER MEIGS RD</b>	<b>MOULTRIE GA</b>	<input type="checkbox"/>
<del>C</del>	<b>SECCHIA, PETER F</b>	<b>2833 BONNELL, SE</b>	<b>GRAND RAPIDS MI</b>	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>Chief Executive Officer</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>P Michael B. Glenn</b>	<b>1405 Ballybunion SE.</b>	<b>Grand Rapids, MI 49546</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**616.364.6161**

CR2E034 (10/00)