

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90181 036 ***150.00

DOCUMENT # F97000001394
1. Entity Name
 KAMPHUIS PIPELINE CO.

Principal Place of Business **Mailing Address**

6115 28TH STREET SE 6115 28TH STREET SE ✓
 SUITE 201 SUITE 201
 GRAND RAPIDS, MI 49546 GRAND RAPIDS, MI 49546

00025765

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 **Applied For**

38-2651238 Not Applicable

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

6. Name and Address of Current Registered Agent

KAMELHAIR, BRUCE I
 801 N MAGNOLIA AVENUE STE 304
 ORLANDO, FL 32803

7. Name and Address of New Registered Agent

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 _____ (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.

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	DANIEL J. KAMPHUIS	
STREET ADDRESS	6115 28TH STREET SE STE 201	
CITY-ST-ZIP	GRAND RAPIDS, MI 49546	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	RUSSELL H DEJONGE	
STREET ADDRESS	6115 28TH STREET SE STE 201	
CITY-ST-ZIP	GRAND RAPIDS, MI 49546	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	BRIGITTE SMALLEY	
STREET ADDRESS	6115 28TH STREET SE STE 201	
CITY-ST-ZIP	GRAND RAPIDS, MI 49546	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	DANIEL J. KAMPHUIS	
STREET ADDRESS	6115 28TH STREET SE STE 201	
CITY-ST-ZIP	GRAND RAPIDS, MI 49546	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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)(j), 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:  DANIEL J KAMPHUIS, PRESIDENT 2/15/2000 616 942-9166

 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)