

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90122 043 \*\*\*550.00

013 360 AB

**DOCUMENT # F97000001394**  
 1. Entity Name  
**KAMPHUIS PIPELINE CO.** (LA)

Principal Place of Business: **6115 28TH STREET SE, STE. 201 GRAND RAPIDS MI 49546**  
 Mailing Address: **6115 28TH STREET SE, STE. 201 GRAND RAPIDS MI 49546**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **38-2651238**  
 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**  
**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.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KAMPHUIS, DANIEL J</b> <b>6115 28TH STREET SE, STE. 201</b> <b>GRAND RAPIDS MI 49546</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DEJONGE, RUSSELL H</b> <b>6115 28TH STREET SE, STE. 201</b> <b>GRAND RAPIDS MI 49546</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KAMPHUIS, DANIEL J</b> <b>6115 28TH STREET SE, STE. 201</b> <b>GRAND RAPIDS MI 49546</b> <input checked="" type="checkbox"/> Delete <i>Okay as T</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SMALLEY, BRIGITTE</b> <b>6115 28TH STREET SE, STE. 201</b> <b>GRAND RAPIDS MI 49546</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Julie Kamphuis</b> <b>6115-28th Street SE, Ste 201</b> <b>Grand Rapids, MI 49546</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED** Date: **7/10/01** Daytime Phone #: **616-942-9166**

CR2E034 (5/01)