

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90106 049 \*\*\*150.00

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**DOCUMENT # F00000006998**

1. Entity Name  
**INTERLEX INSURANCE COMPANY**



Principal Place of Business  
**1343 EAST KINGSLEY  
SUITE G  
SPRINGFIELD MO 65804**

Mailing Address  
**1343 EAST KINGSLEY  
SUITE G  
SPRINGFIELD MO 65804**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **43-1327896**

Applied For  
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORTELBOER, ROB  
1000 RIVERSIDE AVE., STE 800  
JACKSONVILLE FL 32204**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BENNETT, ANDREW K</b>	
STREET ADDRESS	<b>2475 E. MONTCLAIR COURT</b>	
CITY-ST-ZIP	<b>SPRINGFIELD MO</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHITE, STEVEN W</b>	
STREET ADDRESS	<b>512 NE SAWGRASS COURT</b>	
CITY-ST-ZIP	<b>LEE'S-SUMMIT MO</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARMICHAEL, LLOYD</b>	
STREET ADDRESS	<b>908 AUGUSTA DRIVE</b>	
CITY-ST-ZIP	<b>SPRINGFIELD MO</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOGAB, NANCY</b>	
STREET ADDRESS	<b>955 TOWN &amp; COUNTRY ESTATES COURT</b>	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>SPATARO, PETER F</b>	
STREET ADDRESS	<b>9035 FERNALD</b>	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert E. White Jr.</b>	
STREET ADDRESS	<b>200 E. Kari Court</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32259</b>	
TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kim D. Thorpe</b>	
STREET ADDRESS	<b>8282 Riding Club Road</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>	
TITLE	<b>S/T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Roberta Goes Cown</b>	
STREET ADDRESS	<b>4443 Royal Tern Court</b>	
CITY-ST-ZIP	<b>Jacksonville Beach, FL 32250</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Clifton R. Stepp</b>	
STREET ADDRESS	<b>1165 W. Hickory Ridge Drive</b>	
CITY-ST-ZIP	<b>Nixa, MO 65714</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert A. Wulff Sr.</b>	
STREET ADDRESS	<b>18131 Bent Ridge</b>	
CITY-ST-ZIP	<b>Wildwood, MO 63038</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Charles Divita III</b>	
STREET ADDRESS	<b>282 Edgewater Branch Drive</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32259</b>	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Clifton R. Stepp** April 4, 2003 417-889-1010

Date Daytime Phone #

CR2E034 (10/02)

*Attachment*

10061101  
F00000006998

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**INTERLEX INSURANCE CO.**

**Directors -- Continued**

D

Joseph Mawhinney  
2469 Stoney Glen Drive  
Orange Park, FL 32003

Change

Addition

D

Louis Sicilian  
967 Garrison Drive  
St. Augustine, FL 32092

Change

Addition