

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06601

1. Entity Name

W & R INSURANCE AGENCY, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90029 015 \*\*\*150.00

Principal Place of Business

Mailing Address

6300 LAMAR  
P. O. BOX 29217  
SHAWNEE MISSION KS 66201-6217

6300 LAMAR  
P. O. BOX 29217  
SHAWNEE MISSION KS 66201-9217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1357226

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 ☐ Delete  
NAME WILLIAMS, ROBERT  
STREET ADDRESS 26950 W 108TH ST  
CITY-ST-ZIP OLATHE KS

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VTD ☐ Delete  
NAME HECHLER, ROBERT L.  
STREET ADDRESS 6027 LOCTON LANE  
CITY-ST-ZIP FAIRWAY KS 66205

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPSD ☒ Delete  
NAME HEIGE, LEE K  
STREET ADDRESS 8536 MAURER APT. 135  
CITY-ST-ZIP LENEXA KS 66219

TITLE ☐ Change ☒ Addition  
NAME V/S  
STREET ADDRESS DANIEL C SCHULTE  
CITY-ST-ZIP 7623 ABERDEEN  
PRAIRIE VILLAGE KS 66208

TITLE VPAS ☐ Delete  
NAME BURFORD, DAVID R.  
STREET ADDRESS 1902 N.W. 45TH TERRACE  
CITY-ST-ZIP PARKVILLE MO 64150

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VAS ☐ Delete  
NAME GABEHART, MARSHA  
STREET ADDRESS 20205 14TH ST. N.  
CITY-ST-ZIP INDEPENDANCE MO 64056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME GERKEN, MICHAEL  
STREET ADDRESS 1101 W 102ND TERRACE  
CITY-ST-ZIP KANSAS CITY MO

TITLE ☐ Change ☐ 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:

*Robert L Hechler*  
ROBERT L HECHLER

5/1/00  
Date

(913) 236-1966  
Daytime Phone #

CR2E034 (9/99)