

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06601

1. Entity Name
W & R INSURANCE AGENCY, INC.

Principal Place of Business
6300 LAMAR
P. O. BOX 29217
SHAWNEE MISSION KS 66201-6217

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

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 43-1357226

Applied For
Not Applicable

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Robert L Hechler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90125 002 ***550.00



DO NOT WRITE IN THIS SPACE

0135245 AT

CR2E034 (5/01)

08/27/01

(913) 236-1966