

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000006998

FILED  
Apr 09, 2002 8:00 AM  
Secretary of State

Entity Name: INTERLEX INSURANCE COMPANY

## Current Principal Place of Business:

1903 EAST BATTLEFIELD  
SPRINGFIELD, MO 65804

## New Principal Place of Business:

1343 EAST KINGSLEY  
SUITE G  
SPRINGFIELD, MO 65804

## Current Mailing Address:

1903 EAST BATTLEFIELD  
SPRINGFIELD, MO 65804

## New Mailing Address:

1343 EAST KINGSLEY  
SUITE G  
SPRINGFIELD, MO 65804

FEI Number: 43-1327896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BENNETT, ANDREW K  
Address: 2475 E. MONTCLAIR COURT  
City-St-Zip: SPRINGFIELD, MO

Title: V ( ) Delete  
Name: WHITE, STEVEN W  
Address: 512 NE SAWGRASS COURT  
City-St-Zip: LEE'S SUMMIT, MO

Title: S ( ) Delete  
Name: CARMICHAEL, LLOYD  
Address: 908 AUGUSTA DRIVE  
City-St-Zip: SPRINGFIELD, MO

Title: T ( ) Delete  
Name: MOGAB, NANCY  
Address: 955 TOWN & COUNTRY ESTATES COURT  
City-St-Zip: ST LOUIS, MO

Title: CD ( ) Delete  
Name: SPATARO, PETER F  
Address: 9035 FERNALD  
City-St-Zip: ST LOUIS, MO

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW K BENNETT

P

04/09/2002

Electronic Signature of Signing Officer or Director

Date