

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 681460

1. Entity Name

FIRST AMERICAN WARRANTY CORPORATION OF FLORIDA

Principal Place of Business

% PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
TALLAHASSEE FL 32301
US

Mailing Address

3100 BROADWAY
SUITE 1000
KANSAS CITY MO 64111-2413
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3100 BROADWAY
Suite, Apt. #, etc.

SUITE 1300

KANSAS CITY, MO

64111-2413

U.S.

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

TITLE	PD AND DIRECTOR	<input type="checkbox"/> Delete
NAME	BALLOWS, GLENN L	
STREET ADDRESS	3100 BROADWAY 609 WATCHCOVE COURT	
CITY-ST-ZIP	KANSAS CITY FL CINCINNATI, OH 45230	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUKE, GREGORY	
STREET ADDRESS	3100 BROAD WAY	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, THOMAS	
STREET ADDRESS	3100 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EEST, DONALD	
STREET ADDRESS	3100 BROAD WAY	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANTONOPOULOS, NIKOLAS	
STREET ADDRESS	3100 BROAD WAY	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WORKUM III, LEE	
STREET ADDRESS	3100 BRADWAY	
CITY-ST-ZIP	KANSAS CITY MO 64111	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR/CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENNAGHAN, JAMES J.	
STREET ADDRESS	6200 N. 61ST PLACE	
CITY-ST-ZIP	PARADISE VALLEY, AZ 85253	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMENTS, JOHN NMN	
STREET ADDRESS	976 PEQUOT AVE	
CITY-ST-ZIP	SOUTHPORT CT 06490	
TITLE	DIRECTOR/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAY, DAVID GODFREY	
STREET ADDRESS	44 PASTURE LAKE	
CITY-ST-ZIP	DARIEN, CT 06820	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OBERS, RAYMOND CHARLES	
STREET ADDRESS	294 GULF STREET	
CITY-ST-ZIP	MILFORD CT 06460	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, JR., EDWIN FRANCIS	
STREET ADDRESS	9956 GODDARD	
CITY-ST-ZIP	OVERLAND PARK, KS 66214	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOHLER, JOHN DAVID	
STREET ADDRESS	10569 GODDARD #385	
CITY-ST-ZIP	OVERLAND PARK, KS 66214	

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:

Glenn L. Ballou
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENN LEWIS BALLEW 4/14/2000 (816) 531-7668
Date Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90126 029 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1263657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)