

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 834578

1. Entity Name

HAAS, WILKERSON, & WOHLBERG, INC.

Principal Place of Business

6675 13TH AVE. N.
2D
ST PETERSBURG FL 33710
US

Mailing Address

4300 SHAWNEE MISSION PKWY
SHAWNEE MISSION KS 66205-2526
US

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

44-0648448

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

ALLAN, DANIEL R.
6675 13TH AVENUE NORTH, 2D
ST. PETERSBURG FL 33710

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
T	CASTOR, L'MITCHELL	12760 GARNETT	OVERLAND PARK KS 66210	☐					☐	☐
DP	COULSON, J. PHILIP	2221 DRURY LANE	SHAWNEE MISSION KS 66208	☐					☐	☐
DV	ALLAN, DANIEL R.	7352 HUNT CLUB LANE	SEMINOLE FL 34646	☐					☐	☐
DC	WILKERSON, WILLIAM R.III	3810 WEST 66 ST	SHAWNEE MISSION KS 66208	☐					☐	☐
DSV	GARRETT, DAVID	9116 W 112 ST.	OVERLAND PARK KS 66210	☐					☐	☐
DV	FORD, GERALD L.	24901 TIMBERLAKE TRAIL	GREENWOOD MO 64034	☐					☐	☐

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 2000 (913) 676-9246

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE