

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90014 014 \*\*\*150.00

**DOCUMENT # 849922**

1. Entity Name  
**FARMLAND SECURITIES COMPANY**

**Principal Place of Business**

**3315 N OAK TRAFFIC WAY  
 KANSAS CITY MO 64116-2775  
 US**

**Mailing Address**

**3315 N OAK TRAFFIC WAY DEPT 54  
 KANSAS CITY MO 64116-2775  
 US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**12200 N. Ambassador Dr.  
 Suite, Apt. #, etc.  
 Dept. 54**

**3. Mailing Address**

**P.O. Box 20111  
 Suite, Apt. #, etc.  
 Dept. 54**

**City & State**

**Kansas City, MO**

**City & State**

**Kansas City, MO**

**4. FEI Number**

**43-1046827**

**Applied For**

**Not Applicable**

**Zip**

**64163-1244**

**Country**

**USA**

**Zip**

**64195-0111**

**Country**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
 1200 S. 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, 2002 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**

<b>TITLE</b>	<b>DV</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>KEITH R. VICKERS</b>	
<b>STREET ADDRESS</b>	<b>3315 N. OAK TRAFFICWAY</b>	
<b>CITY-ST-ZIP</b>	<b>KANSAS CITY OH</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BERARDI, JOHN F</b>	
<b>STREET ADDRESS</b>	<b>3315 N OAK TRAFFICWAY</b>	
<b>CITY-ST-ZIP</b>	<b>KANSAS CITY, MO</b>	
<b>TITLE</b>	<b>DST</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ROBERTS, JEFFREY R.</b>	
<b>STREET ADDRESS</b>	<b>3315 N. OAK TRAFFICWAY</b>	
<b>CITY-ST-ZIP</b>	<b>KANSAS CITY, MO</b>	
<b>TITLE</b>	<b>C</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>CAMPBELL, TERRY M.</b>	
<b>STREET ADDRESS</b>	<b>3315 N. OAK TRAFFIC WAY</b>	
<b>CITY-ST-ZIP</b>	<b>KANSAS CITY MO</b>	
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>KUYKENDALL, JERRY D.</b>	
<b>STREET ADDRESS</b>	<b>3315 N. OAK TRAFFICWAY</b>	
<b>CITY-ST-ZIP</b>	<b>KANSAS CITY OH</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>VICKERS, KEITH R</b>	
<b>STREET ADDRESS</b>	<b>12200 N AMBASSADOR DR</b>	
<b>CITY-ST-ZIP</b>	<b>KANSAS CITY MO 64163</b>	
<b>TITLE</b>	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>BERARDI, JOHN F</b>	
<b>STREET ADDRESS</b>	<b>12200 N AMBASSADOR DR</b>	
<b>CITY-ST-ZIP</b>	<b>KANSAS CITY MO 64163</b>	
<b>TITLE</b>	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ROBERTS, JEFFREY R</b>	
<b>STREET ADDRESS</b>	<b>12200 N AMBASSADOR DR</b>	
<b>CITY-ST-ZIP</b>	<b>KANSAS CITY MO 64163</b>	
<b>TITLE</b>	<b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>TERRY, ROBERT B</b>	
<b>STREET ADDRESS</b>	<b>12200 N AMBASSADOR DR</b>	
<b>CITY-ST-ZIP</b>	<b>KANSAS CITY MO 64163</b>	
<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>KUYKENDALL, JERRY D</b>	
<b>STREET ADDRESS</b>	<b>12200 N AMBASSADOR DR</b>	
<b>CITY-ST-ZIP</b>	<b>KANSAS CITY MO 64163</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>PARVIN, GREGG L</b>	
<b>STREET ADDRESS</b>	<b>12200 N AMBASSADOR DR</b>	
<b>CITY-ST-ZIP</b>	<b>KANSAS CITY MO 64163</b>	

**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:**

*Jeffrey R. Roberts*  
**Treasurer**

*3/11/02*

**816/713-5137**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)