

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006798

1. Entity Name

BROOKE LIFE AND HEALTH, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90033 010 ***150.00

Principal Place of Business

10895 GRANDVIEW DR., BLDG 24, STE 250
OVERLAND PARK KS 66210

Mailing Address

P.O. BOX 412008
KANSAS CITY MO 64141-2008

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

48-1065317

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

C T CORPORATION SYSTEM
1200 SOUTH 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 \$150.00
After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	LARSON, ANITA F	
STREET ADDRESS	627 LOUISIANA ST.	
CITY-ST-ZIP	LAWRENCE KS 66044	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HESS, MICHAEL S	
STREET ADDRESS	516 S GRANT	
CITY-ST-ZIP	SMITH CENTER KS 66967	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ORR, ROBERT D	
STREET ADDRESS	RT #2 BOX 53	
CITY-ST-ZIP	SMITH CENTER KS 66967	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ORR, LELAND G	
STREET ADDRESS	501 BERGLUND DR	
CITY-ST-ZIP	PHILLIPSBURG KS 67661	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

4-20-01 913-661-0623

CP2E034 (10/00)