

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006798

1. Entity Name
BROOKE LIFE AND HEALTH, INC.

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

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

Michelle Friscia

Street Address (P.O. Box Number is Not Acceptable)

101 Federal Place, Suite 101

City

Tarpon Springs

FL

Zip Code

34689

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

Michelle Friscia

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

9/4/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P-VP**
STREET ADDRESS **LARSON, ANITA F**
CITY-ST-ZIP **627 LOUISIANA ST. LAWRENCE KS 66044**

TITLE ☐ Change ☐ Addition
NAME **300007635829--1**
STREET ADDRESS **-09/10/02--01049--017**
CITY-ST-ZIP *****1117.50 ****558.75**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **HESS, MICHAEL S**
CITY-ST-ZIP **516 S GRANT SMITH CENTER KS 66967**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **ORR, ROBERT D**
CITY-ST-ZIP **RT #2 BOX 53 SMITH CENTER KS 66967**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **ORR, LELAND G**
CITY-ST-ZIP **501 BERGLUND DR PHILLIPSBURG KS 67661**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **Tim Winchester - VP**
STREET ADDRESS **15232 Outlook**
CITY-ST-ZIP **Overland Park, Kansas 66223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

3. 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

9/3/02 **800.642.1872**

Date

Daytime Phone #

CR2E(4) (9/01)

FILED

02 SEP -5 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

48-1065317

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required