2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-17-2003 90107 036 ***150.00
FILED F00000006798

03 APR -8 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

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

~~FRISCIA, MICHELLE~~ Please see attached
~~101 FEDERAL PLACE, SUITE 101~~
~~TARPON SPRINGS FL 34689~~

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~VP~~	☐ Delete
NAME	~~LARSON, ANITA F~~ Please see attached.	
STREET ADDRESS	~~627 LOUISIANA ST.~~	
CITY-ST-ZIP	~~LAWRENCE KS 66044~~	
TITLE	~~VP~~	☐ Delete
NAME	~~HESS, MICHAEL G~~	
STREET ADDRESS	~~516 S GRANT~~	
CITY-ST-ZIP	~~SMITH CENTER KS 66967~~	
TITLE	~~CD~~	☐ Delete
NAME	~~ORR, ROBERT D~~	
STREET ADDRESS	~~RT #2 BOX 53~~	
CITY-ST-ZIP	~~SMITH CENTER KS 66967~~	
TITLE	~~STD~~	☐ Delete
NAME	~~ORR, LELAND G~~	
STREET ADDRESS	~~501 BERGLUND DR~~	
CITY-ST-ZIP	~~PHILLIPSBURG KS 67661~~	
TITLE	~~VP~~	☐ Delete
NAME	~~WINCHESTER, TIM~~	
STREET ADDRESS	~~15232 UTLOOK~~	
CITY-ST-ZIP	~~OVERLAND PARK KS 66223~~	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 3-12-03 913-661-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

2003 FOR PROFIT CORPORATION 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

[redacted]

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State | City & State

4. FEI Number 46-1065317 — Applied For / Not Applicable

Zip | Country | Zip | Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRISCIA, MICHELLE
101 FEDERAL PLACE, SUITE 101
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name: C T Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.
City: Plantation FL Zip Code: 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John J. Linnihan, Asst. V.P. February 13, 2003
Signature, typed or printed name of registered agent and title if applicable. (Note: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $6.00 May Be Added to Fees

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME LARSON, ANITA F		NAME	
STREET ADDRESS 627 LOUISIANA ST.		STREET ADDRESS	
CITY-ST-ZIP LAWRENCE KS 66044		CITY-ST-ZIP	
TITLE VD ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME HESS, MICHAEL S		NAME	
STREET ADDRESS 516 S GRANT		STREET ADDRESS	
CITY-ST-ZIP SMITH CENTER KS 66967		CITY-ST-ZIP	
TITLE CD ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME ORR, ROBERT D		NAME	
STREET ADDRESS RT #2 BOX 53		STREET ADDRESS	
CITY-ST-ZIP SMITH CENTER KS 66967		CITY-ST-ZIP	
TITLE STD ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME ORR, LELAND G		NAME	
STREET ADDRESS 501 BERGLUND DR		STREET ADDRESS	
CITY-ST-ZIP PHILLIPSBURG KS 67661		CITY-ST-ZIP	
TITLE VP ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME WINCHESTER, TIM		NAME	
STREET ADDRESS 15232 UTLOOK		STREET ADDRESS	
CITY-ST-ZIP OVERLAND PARK KS 66223		CITY-ST-ZIP	
☐ Delete		TITLE ☐ Change ☐ Addition	
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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 10 or Block 11 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 — Corporate Mailing #

CR2E053 (10/02)

02/03/2003 16:05

Attachment #

80055965
F00000006798

BROOKE LIFE AND HEALTH, INC.

OFFICERS AND DIRECTORS

Name	Office/Title	Residence Address
Shawn Lowry	Director, President	10895 Grandview Dr., Bldg 24, Suite 250, Overland Park, Kansas 66210
Dane Devlin	Director, Vice-President	10895 Grandview Dr., Bldg 24, Suite 250, Overland Park, Kansas 66210
Timothy Winchester	Vice-President/Treasurer	10875 Benson Dr., Suite 110 Overland Park, Kansas 66210
Lisa Gaughan	Vice-President/Treasurer	10875 Benson Dr., Suite 110 Overland Park, Kansas 66210