

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-17-2003 90107 036***150:00
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DOCUMENT # F00000006798

1. Entity Name
BROOKE LIFE AND HEALTH, INC.



03 APR -8 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 48-1065317

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

7. Name and Address of New Registered Agent

FRISCIA, MICHELLE Please see attached
101 FEDERAL PLACE, SUITE 401
TARPON SPRINGS FL 34689

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME LARSON, ANITA F Please see attached
STREET ADDRESS 627 LOUISIANA ST.
CITY-ST-ZIP LAWRENCE KS 66044

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

TITLE VP
NAME HESS, MICHAEL S
STREET ADDRESS 516 S GRANT
CITY-ST-ZIP SMITH CENTER KS 66087

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

TITLE CD
NAME ORR, ROBERT D
STREET ADDRESS RT #2 BOX 53
CITY-ST-ZIP SMITH CENTER KS 66087

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

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

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

TITLE VP
NAME WINCHESTER, TIM
STREET ADDRESS 15232 UTLOOK
CITY-ST-ZIP OVERLAND PARK KS 66223

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0822408 AT

DOCUMENT # **F00000006798**

1. Entry Name
BROOKE LIFE AND HEALTH, INC.



Principal Place of Business
0896 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

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

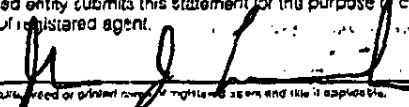
7. Name and Address of New Registered Agent

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

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.** **February 13, 2003**
Signature (need or print name of registered agent and file if applicable) (Name, registered agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
10% Check Payable to Florida Department of State

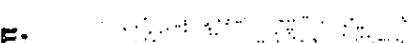
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 of Filing

02/13/2003

0822408 AT

Attachment #

BROOKE LIFE AND HEALTH, INC.

80055965
700000006798

OFFICERS AND DIRECTORS

<u>Name</u>	<u>Office/Title</u>	<u>Residence Address</u>
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