

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000715

1. Entity Name

FAULTLESS STARCH/BON AMI COMPANY

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90975 044 ***150.00

Principal Place of Business

Mailing Address

1025 W. 8TH STREET
KANSAS CITY MO 64101

1025 W. 8TH STREET
KANSAS CITY MO 64101-1207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

44-0243890

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

CT CORPORATION SYSTEM
1200 S. 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 GORDON T III BEAHAM

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, 2000 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 PC ☐ Delete
NAME BEAHAM, GORDON T III
STREET ADDRESS 5767 WINDSOR
CITY-ST-ZIP SHAWNEE MISSION KS

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

TITLE SD ☐ Delete
NAME CARR, KATHRYN A
STREET ADDRESS 705 S. PROSPECT
CITY-ST-ZIP KEARNEY MO 64060

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

TITLE T ☐ Delete
NAME BRAHAM, ROBERT
STREET ADDRESS 2525 MAIN STE 401
CITY-ST-ZIP KANSAS CITY MO 64108

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

TITLE D ☐ Delete
NAME KOHLER, ALFRED C
STREET ADDRESS 4207 W. 54TH TERRACE
CITY-ST-ZIP SHAWNEE MISSION KS 66205

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

TITLE VD ☐ Delete
NAME HAMPSHIRE, ADRIAN J
STREET ADDRESS 16411 E. DEBRA STREET
CITY-ST-ZIP INDEPENDENCE MO

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

TITLE D ☐ Delete
NAME BEAHAM, NANCY
STREET ADDRESS 5767 WINDSOR CIR.
CITY-ST-ZIP SHAWNEE MISSION KS

TITLE ☐ Change ☐ 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: Gordon T. Beaham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00 (816) 842-1230
Date Daytime Phone #

CR2E034 (9/99)