

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91332 006 ***158.75

0652422 AT

DOCUMENT # F94000002582

1. Entity Name

DAIRY FARMERS OF AMERICA, INC.



Principal Place of Business

**10220 N EXECUTIVE HILLS BLVD
KANSAS CITY MO 64153
US**

Mailing Address

**10220 N EXECUTIVE HILLS BLVD
KANSAS CITY MO 64153
US**

2. Principal Place of Business

10220 N. Ambassador Dr.

Suite, Apt. #, etc.

3. Mailing Address

10220 N. Ambassador Dr.

Suite, Apt. #, etc.

City & State

Kansas City, MO 64153

City & State

Kansas City, MO 64153

4. FEI Number

43-0905874

Applied For

Not Applicable

Zip

64153

Country

Zip

64153

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 **P** ☐ Delete
NAME **HANMAN, GARY E**
STREET ADDRESS **10220 N EXECUTIVE HILLS BLVD**
CITY-ST-ZIP **KANSAS CITY MO 64153**

TITLE **D** ☐ Delete
NAME **SEIBENBORN, BILL**
STREET ADDRESS **RT 1, BOX 155**
CITY-ST-ZIP **TRENTON MO**

TITLE **D** ☐ Delete
NAME **KRAUS, RICAHRD**
STREET ADDRESS **D 1968 ELM ST**
CITY-ST-ZIP **STRATFORD WI 54484**

TITLE **D** ☒ Delete
NAME **BUCHANAN, CALVIN**
STREET ADDRESS **1382 CR 4191**
CITY-ST-ZIP **DECATUR TX 76234**

TITLE **SD** ☐ Delete
NAME **BECKENDORF, CHARLES**
STREET ADDRESS **19503 CYPRESS ROSEHILL RD**
CITY-ST-ZIP **TOMBALL TX 77375**

TITLE **D** ☐ Delete
NAME **PURDOM, LARRY**
STREET ADDRESS **RT. 2 BOX 245**
CITY-ST-ZIP **PURDY MO 65734**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Director**
NAME **Joyce Bupp**
STREET ADDRESS **9715 Loop Rd**
CITY-ST-ZIP **Seven Valleys, PA 17360-9377**

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

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

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 for 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ron Hilmes, Assistant Secretary

4/22/03 (816) 801-6455

Date

Daytime ()

CR2E034 (10/02)


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

80095895

COPY

0652422 AT

DOCUMENT # F94000002582	
1. Entity Name DAIRY FARMERS OF AMERICA, INC.	

Principal Place of Business 10220 N EXECUTIVE HILLS BLVD KANSAS CITY MO 64153 US	Mailing Address 10220 N EXECUTIVE HILLS BLVD KANSAS CITY MO 64153 US
--	--

2. Principal Place of Business 10220 N. Ambassador Dr.	3. Mailing Address 10220 N. Ambassador Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Kansas City, MO 64153	City & State Kansas City, MO
Zip 64153	Country
Country	Zip 64153
Country	Country

<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES
4. FEI Number 43-0905874
Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANMAN, GARY E 10220 N EXECUTIVE HILLS BLVD KANSAS CITY MO 64153 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIBENBORN, BILL RT 1, BOX 155 TRENTON MO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUS, RICARD D 1968 ELM ST STRATFORD WI 54484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, CALVIN 1382 CR 4191 DECATUR TX 76234 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BECKENDORF, CHARLES 19503 CYPRESS ROSEHILL RD TOMBALL TX 77375 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURDOM, LARRY RT. 2 BOX 245 PURDY MO 65734 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE:  **REQUIRED** 4/22/03 (816) 801-6455

CR2E034 (10/02)