04-28-2003 91332 006 \*\*\*158.75

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

## F94000002582 DOCUMENT #

1. Entity Name

DAIRY FARMERS OF AMERICA, INC.



Principal Place of Business Mailing Address 20042842 10220 N EXECUTIVE HILLS BLVD 10220 N EXECUTIVE HILLS BLVD KANSAS CITY MO 64153 KANSAS CITY MO 64153 2. Principal Place of Business 3. Mailing Address 10220 N. Ambassador Dr. 10220 N. Ambassador Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 43-0905874 Kansas City, MO 64153 Kansas City, MO Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 64153 64153 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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. 1 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ■ Addition NAME HANMAN, GARY E NAME 10220 N EXECUTIVE HILLS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KANSAS CITY MO 64153 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME SEIBENBORN, BILL NAME STREET ADDRESS STREET ADDRESS RT 1, BOX 155 CITY-ST-ZIP CITY-ST-ZIP Trenton Mo TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME KRAUS, RICAHRD STREET ADDRESS STREET ADDRESS D 1968 ELM ST CITY-ST-7IP CITY-ST-7IP STRATFORD WI 54484 TITLE X Delete TITI F Addition Director ☐ Change NAME NAME Jőyce Bupp **BUCHANAN, CALVIN** STREET ADDRESS STREET ADDRESS 1382 CR 4191 9715 Loop Rd CITY-ST-ZIP CITY-ST-ZIP DECATUR TX 76234 Seven Valleys, PA 17360-9377 TITLE ☐ Delete TITLE Change ☐ Addition BECKENDORF, CHARLES NAME STREET ADDRESS STREET ADDRESS 19503 CYPRESS ROSEHILL RD CITY-ST-ZIP CITY-ST-ZIP TOMBALL TX 77375

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

PURDOM, LARRY

PURDY MO 65734

RT. 2 BOX 245

NAME

STREET ADDRESS

CITY-ST-7iP

touthelire required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROTH HILITES. ASSISTANT SECRETARY

☐ Delete

4/22/03

(816) 801-6455

Change

☐ Addition

AHachment

2003 F	OR P	ROFIT	CORP	DRAT	ION
UNIFORI	M BU	SINES	S BEP	DRI	<u>UBR</u>

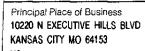
<b>DOCUMENT</b>	Γ#
-----------------	----

F94000002582

1. Entity Name

DAIRY FARMERS OF AMERICA, INC.

10220 N. Ambassador Dr.



2. Principal Place of Business

Mailing Address

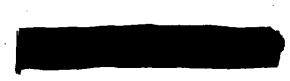
3. Mailing Address

10220 N EXECUTIVE HILLS BLVD

10220 N. Ambassador Dr.

KANSAS CITY MO 64153





80095895 **COP** 

X	CHECK	HERE	IF	MAKING	CHANGES

Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE	CHECK HERE IF MAKING CHANGES		
City & State Kansas City, MO 64153		City & State Kansas City, MO		4. FEI Number 43-0905874	Applied For Not Applicable		
Zip <b>64153</b>	Country	Zip <b>64153</b>	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Name and Address of Current Registered Agent			7. Name and Address of New R	7. Name and Address of New Registered Agent			
OT CORPORATION	OVOTEL 4	<del>-</del>	Nan	ne			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324			Stre	Street Address (P.O. Box Number is Not Acceptable)			
			City		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, typed or printed name of registered agent and title if applicable

FILE NOW !!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing \$5.00 May Be

After May 1, 2003 Fee will be \$550:00 at \$1.50 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition NAME HANMAN, GARY E NAME STREET ADDRESS 10220 N EXECUTIVE HILLS BLVD STREET ADDRESS CITY-ST-ZIP KANSAS CITY MO 64153 CITY-ST-ZIP TITLE Delete ☐ Addition TITLE ☐ Change NAME SEIBENBORN, BILL STREET ADDRESS STREET ADDRESS RT 1, BOX 155 CITY-ST-7IP TRENTON MO CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME KRAUS, RICAHRD NAME STREET ADDRESS STREET ADDRESS D 1968 ELM ST CITY-ST-ZIP CITY-ST-ZIP STRATFORD WI 54484 TITLE X Delete TITLE Director Change Addition NAME BUCHANAN, CALVIN NAME Joyce Bupp STREET ADDRESS STREET ADDRESS 1382 CR 4191 9715 Loop Rd CITY-ST-7IP CITY-ST-ZIP DECATUR TX 76234 Seven Valleys, PA 17360-9377 TITLE Delete TITLE Change ☐ Addition NAME BECKENDORF, CHARLES NAME STREET ADDRESS STREET ADDRESS 19503 CYPRESS ROSEHILL RD CITY-ST-ZIP CITY-ST-ZIP TOMBALL TX 77375 TITLE ☐ Delete TITLE Change ☐ Addition NAME PURDOM, LARRY NAME STREET ADDRESS RT. 2 BOX 245 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PURDY MO 65734

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:

4/22/03 (816) 801-6455