

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003280

1. Entity Name

GUIDEONE FINANCIAL GROUP, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90133 012 ***150.00

Principal Place of Business

1111 ASHWORTH RD.
WEST DES MOINES IA 50265

Mailing Address

1111 ASHWORTH RD.
WEST DES MOINES IA 50265-3544

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

42-1409998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KETRING, THOMAS
1012 PINEHURST CT
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name
Chuck Smith

Street Address (P.O. Box Number is Not Acceptable)
1080 Woodstock Road, Suite 276

City
Orlando

FL

Zip Code
32803

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 Chuck Smith Chuck Smith State Business Director 4/26/00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BECKSTROM, JANICE K	
STREET ADDRESS	1111 ASHWORTH RD.	
CITY-ST-ZIP	W DES MOINES IA 50265	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FARR, THOMAS C	
STREET ADDRESS	1111 ASHWORTH RD	
CITY-ST-ZIP	WEST DES MOINES IA 50265	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWELL, DOUGLAS K	
STREET ADDRESS	1111 ASHWORTH RD	
CITY-ST-ZIP	WEST DES MOINES IA 50265	
TITLE	P	<input type="checkbox"/> Delete
NAME	HANSEN, DARRYL D	
STREET ADDRESS	1111 ASHWORTH RD	
CITY-ST-ZIP	WEST DES MOINES IA 50265	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUGHES, BRIAN J	
STREET ADDRESS	1111 ASHWORTH RD	
CITY-ST-ZIP	W DES MOINES IA 50265	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FARR, THOMAS	
STREET ADDRESS	1111 ASHWORTH RD.	
CITY-ST-ZIP	W DES MOINES IA 50265	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry D. Morris	
STREET ADDRESS	1111 Ashworth Road	
CITY-ST-ZIP	West Des Moines, IA 50265	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert A. Crane	
STREET ADDRESS	1111 Ashworth Road	
CITY-ST-ZIP	West Des Moines, IA 50265	
TITLE	T/V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John C. Roberts	
STREET ADDRESS	1111 Ashworth Road	
CITY-ST-ZIP	West Des Moines, IA 50265	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas C. Farr 4/21/00 515-262-5522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)