

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003582

1. Entity Name

GULF STATES AGRISURANCE, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90172 021 \*\*\*150.00

Principal Place of Business 222 S 15TH ST., STE 600 N OMAHA NE 68102 US	Mailing Address 222 S 15TH ST., STE 600 N OMAHA NE 68102-1680 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>47-0790180</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>GIBSON, RICHARD C</b> <b>535 WEST BROADWAY</b> <b>COUNCIL BLUFFS IA 51503</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GENE GRIMSLEY</b> <b>535 WEST BROADWAY</b> <b>COUNCIL BLUFFS, IA 51503</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GIBSON, KIM</b> <b>535 WEST BROADWAY</b> <b>COUNCIL BLUFFS IA 51503</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>J. MICHAEL GOTTSCHALK</b> <b>222 S. 15TH ST., STE. 600 N.</b> <b>OMAHA, NE 68102-1628</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MACE, GEORGIA</b> <b>222 SOUTH 15TH STREET, SUITE 600 NORTH</b> <b>OMAHA NE 68102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHN E. MARTIN</b> <b>222 S. 15TH ST., STE. 600 N.</b> <b>OMAHA, NE 68102-1628</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KNOLLA, PETER</b> <b>222 SOUTH 15TH STREET, SUITE 600 NORTH</b> <b>OMAHA NE 68102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LEWIS IGOU</b> <b>6 CT. SQ.</b> <b>BLAKELY, GA 31723</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NELSON, JOHN</b> <b>222 SOUTH 15TH STREET, SUITE 600 NORTH</b> <b>OMAHA NE 68102</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TED WALLER</b> <b>6 CT. SQ.</b> <b>BLAKELY, GA 31723</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COON, KENNETH</b> <b>222 SOUTH 15TH STREET, SUITE 600 NORTH</b> <b>OMAHA NE 68102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: \_\_\_\_\_ Date: 3-22-00 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR