

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004472

1. Entity Name

BLAKELY CROP HAIL, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90464 048 ***150.00

Principal Place of Business

100 E. 9TH ST.
TOPEKA KS 66601

Mailing Address

100 E. 9TH ST.
TOPEKA KS 66612

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

48-0904150

Applied For

Not Applicable

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

WEAVER, BOB
313 N. OHIO AVE.
LIVE OAK FL 32060

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

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 PDC ☐ Delete
NAME MILLER, MICHAEL
STREET ADDRESS 100 E. 9TH ST.
CITY-ST-ZIP TOPEKA KS 66601

TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
NAME L KEITH BIRKHEAD
STREET ADDRESS 1122 N MAIN
CITY-ST-ZIP MCPHERSON KS 67460

TITLE V ☐ Delete
NAME ROGERS, RICHARD
STREET ADDRESS 100 E. 9TH ST.
CITY-ST-ZIP TOPEKA KS 66601

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

TITLE STD ☐ Delete
NAME BIRKHEAD, L K
STREET ADDRESS 1122 N. MAIN
CITY-ST-ZIP MCPHERSON KS 67460

TITLE SECRETARY/TREASURER ☒ Change ☐ Addition
NAME LOWELL D SCHMIDT
STREET ADDRESS 1122 N MAIN
CITY-ST-ZIP MCPHERSON KS 67460

TITLE DC ☐ Delete
NAME KETCHERSIDE, JAMES L
STREET ADDRESS 1122 N. MAIN
CITY-ST-ZIP MCPHERSON KS 67460

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

TITLE D ☐ Delete
NAME MITCHELL, WILLIAM L
STREET ADDRESS 119 W. SHERMAN
CITY-ST-ZIP HUTCHINSON KS 67504

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

TITLE D ☐ Delete
NAME JENKINS, JOE F II
STREET ADDRESS RR 3 BOX 60
CITY-ST-ZIP TONGANOXIE KS 66086

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: X

Lowell D. Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000 (316)241-2200

Date

Daytime Phone #

CR2E034 (9/99)