

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001310

1. Entity Name

CAMP QUALITY USA, INCORPORATED

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

02-03-2000 90034 041 \*\*\*61.25

Principal Place of Business 113 SOUTH LAKE STREET BOYNE CITY MI 49712	Mailing Address 113 SOUTH LAKE STREET BOYNE CITY MI 49712-1211
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2. Principal Place of Business 2311 E. CRAGMONT Suite, Apt. #, etc.	3. Mailing Address 2311 E. Cragmont Suite, Apt. #, etc.
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City & State Springfield, MO Zip 65804 Country USA	City & State Springfield, MO Zip 65804 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2200796	91-1998955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUNTZ, VIOLA T  
153 OVERLOOK DRIVE  
CHULUOTA FL 49712

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 Joan Strom-Millard, President of Board of Directors 1/25/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	N BLACK, HARRY 3021-A REDWOOD DRIVE INDEPENDENCE MO 64057 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice President Todd Hudspeth 4471 Panorama Drive Panora, IA 50216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* President STROM-MILLARD, JOAN 10404 BOND OVERLAND PARK KS 66214 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Strom-millard, - Joan 10404 Bond Overland Park, KS-66214 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARRETT, SHERYL 6750 W. 75TH STREET, SUITE 3B OVERLAND PARK KS 66204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Garrett, Sheryl 5215 NW Bluff Drive Parkville, MO 64152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEAMON, ROY 1305 SW HILLCREST DRIVE BLUE SPRINGS MO 64015 <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 LANDRUM, JANE 7419 JEFFERSON STREET KANSAS CITY MO 64114 <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 MOORE, KEITH 6911 W. 125TH STREET OVERLAND PARK KS 66209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 617, 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

Date

Daytime Phone #

CR2E037 (9/99)