

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001310

1. Entity Name

CAMP QUALITY USA, INCORPORATED

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90127 014 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

2311 E CRAGMONT  
SPRINGFIELD MO 65804

2311 E CRAGMONT  
SPRINGFIELD MO 65804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-1998955

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BUNTZ, VIOLA T  
153 OVERLOOK DRIVE  
CHULUOTA FL 49712

Name

*Carol Self*

Street Address (P.O. Box Number is Not Acceptable)

*783 High Grove Park Ct.*

City

*Oviedo*

**FL**

Zip Code

*32765*

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, Board of Directors*

*1/31/01*

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 **VP** ☐ Delete  
NAME **HUDSPETH, TODD**  
STREET ADDRESS **4471 PANORAMA DR**  
CITY-ST-ZIP **PANORA IA 50216**

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

TITLE **P** ☐ Delete  
NAME **STROM-MILLARD, JOAN**  
STREET ADDRESS **10404 BOND**  
CITY-ST-ZIP **OVERLAND PARK KS 66214**

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

TITLE **S** ☐ Delete  
NAME **BLACK, MICHELLE**  
STREET ADDRESS **651 OAK HILL CT**  
CITY-ST-ZIP **AUBREY TX 76227**

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

TITLE **T** ☐ Delete  
NAME **LEAMON, ROY**  
STREET ADDRESS **1305 SW HILLCREST DRIVE**  
CITY-ST-ZIP **BLUE SPRINGS MO 64015**

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

TITLE **D** ☐ Delete  
NAME **LANDRUM, JANE**  
STREET ADDRESS **7419 JEFFERSON STREET**  
CITY-ST-ZIP **KANSAS CITY MO 64114**

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

TITLE **D** ☐ Delete  
NAME **MOORE, KEITH**  
STREET ADDRESS **6911 W. 125TH STREET**  
CITY-ST-ZIP **OVERLAND PARK KS 66209**

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

*Joan Strom-Millard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/31/02*  
Date

*913-859-9968*  
Daytime Phone #

CR2E037 (9/01)