2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003308

DENNIS GARBERG AND ASSOCIATES. INC.

Principal Place of Business BARKLEY SUITE 300

Mailing Address

10561 BARKLEY SUITE 300 OVERLAND PARK KS 66212-1836

*** PARK KS 66212 2. Principal Place of Business 3. Mailing Address

FILED Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90002 042 ***150.00



Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State 4.			DO NOT WRITE IN THIS SPACE			
				4. F	El Number 48-0926118	<u> </u>	plied For Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current F	Registered Agent	<u> </u>	7. N	lame and Address of New Registered	d Agent		
			Name					
RICHARDS, STEVEN 5445 MARINER #215 TAMPA FL 33609-3437			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
TAME	PA FL 33609-3437		City		F	Zip Code	1	
Signature, typed or printed name of registered agent and in the source of segment and in the segment and in the segment 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		0.00	DATE 10. Election Campaign Financing Trust Fund Contribution.	\$5.00	May Be to Fees	
11.	OFFICERS AND I		12.		I DITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GARBERG, DENNIS 10561 BARKLEY #300 OVERLAND PARK KS 66212	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC STANSFIELD, ELAINE 10561 BARKLEY #300 OVERLAND PARK KS 66212	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	itansfle 0561 Bo Overband	ld, Elaine Arkley #300 I Park, KS 66212	☆ Change	Additio	
TITLE NAME STREET ADORESS	S SIMS, LINDA T 10561 BARKLEY #300	☐ Delete	TITLE	157	inda T arkley #300	⊠ Change	Addition	

STREET ADDRESS

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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:

STREET ADDRESS

STREET ADDRESS

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TITLE

NAME

OVERLAND PARK KS 66212

一大地では、「一大」 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Overland Park, KS 66212

Overland Park, KS 66212

Butler, Thomas 10561 Barkley #300

913-307-8299

☐ Change

Change

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Addition

Addition

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