

201 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004586

Entity Name
ESTERNE, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90034 009 ***150.00

Principal Place of Business

14 EAST 19TH STREET
KANSAS CITY MO 64108

Mailing Address

1014 EAST 19TH STREET
KANSAS CITY MO 64108

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3493338**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
SHULTZ, JAMES E
1014 EAST 15TH STREET
KANSAS CITY MO 64198 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REISLER, WILLIAM M
233 WEST 47TH STREET
KANSAS CITY MO 64112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
A
GUALTIER, VINCENT L
600 PLAZA WEST BLDG., 4600 MADISON
KANSAS CITY MO 64112 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VENABLE, WILLIAM R III
5630 GRANADA
SHAWNEE MISSION KS 66205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARNES, MICHAEL
7735 FORSYTH BLD, SUITE 1810
ST. LOUIS MO 63105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
FRIED, EDWARD I
1014 EAST 19TH STREET
KANSAS CITY MO 64108 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
A
James P. Pryde
3500 One Kansas City Place
1200 Main Street
Kansas City, MO 64105 ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 or without being empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)