

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**  
 04-30-2002 90021 048 \*\*\*150.00

06/28/02 AT

**DOCUMENT # G59798**

1. Entity Name  
**INTERNATIONAL DENTAL PLANS, INC.**

Principal Place of Business  
**2801 HIGHWAY 280.SOUTH**  
**BIRMINGHAM AL 35223**  
**US**

Mailing Address  
**2801 HIGHWAY 280.SOUTH**  
**BIRMINGHAM AL 35223**  
**US**

830406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2323 Grand Blvd.**

3. Mailing Address  
**P.O. Box 419052**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Kansas City, MO**

City & State  
**Kansas City, MO**

4. FEI Number  
**59-2327793**

Applied For  
 Not Applicable

Zip  
**64108-2670**

Country  
**USA**

Zip  
**64141-6052**

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**CT 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, 2002 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	CEOD CALOS, CHRIS T 2801 HIGHWAY 280,SOUTH BIRMINGHAM AL 35223 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEVENS, DAVID C 2801 HIGHWAY 280,SOUTH BIRMINGHAM AL 35223 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DEFOOR, JERRY W 2801 HIGHWAY 280,SOUTH BIRMINGHAM AL 35223 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONG, DEBORAH J 2801 HWY 280 SOUTH BIRMINGHAM AL 35223 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLDEN, TIMOTHY H 2801 HWY 280 SOUTH BIRMINGHAM AL 35223 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATTY, EUGENE A 2801 HIGHWAY 280,SOUTH BIRMINGHAM AL 35223 <input checked="" type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Michael J. Peninger 2323 Grand Blvd. Kansas City, MO 64108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Bradley C. Johnson 2323 Grand Blvd. Kansas City, MO 64108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D Floyd-F. Chadee 2323 Grand Blvd. Kansas City, MO 64108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Kenneth D. Bowen 2323 Grand Blvd. Kansas City, MO 64108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Julie M. Bosworth 2323 Grand Blvd. Kansas City, MO 64108 <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Kenneth D. Bowen 3/19/02 816-474-2357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)