

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # G60022**

1. Entity Name

**KNAPP REALTY COMPANY**

Principal Place of Business

**5000 WESTOWN PARKWAY  
SUITE 100  
WEST DES MOINES IA 50266  
US**

Mailing Address

**5000 WESTON PKWY  
SUITE 100  
WEST DES MOINES IA 50266  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2347006**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HARDT, FREDERICK R.  
801 LAUREL OAK DRIVE  
SUITE 705, SUN BANK BLDG.  
NAPLES FL 33963**

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	VPD	<input type="checkbox"/> Delete
NAME	KNAPP, PAUL R.	
STREET ADDRESS	5000 WESTOWN PKWY, STE 100	
CITY-ST-ZIP	W DES MOINES IA	

TITLE	SD	<input type="checkbox"/> Delete
NAME	KNAPP, WILLIAM C, II	
STREET ADDRESS	5000 WESTOWN PKWY, STE 100	
CITY-ST-ZIP	WEST DES MOINES IA	

TITLE	S	<input type="checkbox"/> Delete
NAME	HARDT, FREDERICK R	
STREET ADDRESS	400 5TH AVE S	
CITY-ST-ZIP	NAPLES FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	NEUMANN, DARYL	
STREET ADDRESS	5000 WESTOWN PKWY SUITE 100	
CITY-ST-ZIP	WEST DES MOINES IA	

TITLE	PD	<input type="checkbox"/> Delete
NAME	KNAPP, WILLIAM C.	
STREET ADDRESS	5000 WESTOWN PARKWAY SUITE 100	
CITY-ST-ZIP	WEST DES MOINES IA	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William C. Knapp II	
STREET ADDRESS	5000 Westown Parkway, S. 100	
CITY-ST-ZIP	West Des Moines, IA 50266	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**William C. Knapp, Pres.****8-29-01**

Date

**515-223-4000**

Daytime Phone #

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90138 019 \*\*\*150.00

**D0031132**

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)