

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90023 002 ***150.00

DOCUMENT # M98155

1. Entity Name

THE ROBERTS GROUP, INC.

Principal Place of Business

Mailing Address

8675 W 96TH ST
 STE 207
 OVERLAND PARK KS 66212
 US

8675 W 96TH ST
 STE 207
 OVERLAND PARK KS 66212-3382
 US

AUUU4544



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0074765**

Applied For

Not Applied

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

KIRKENDALL, ROBERT K.
4000 GULF SHORE BLVD. N.
NAPLES FL 33940

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	KIRKENDALL, ROBERT K.	
STREET ADDRESS	10076 HEMLOCK DR	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KIRKENDALL, GAIL R.	
STREET ADDRESS	10076 HEMLOCK DR	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKENDALL, R SCOTT	
STREET ADDRESS	934 CLAYBEND DR	
CITY-ST-ZIP	BALLWIN MO	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKENDALL, J DAVID	
STREET ADDRESS	7144 EAST PASS	
CITY-ST-ZIP	MADISON FL 53913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	8212 W. 123rd Street	
CITY-ST-ZIP	Overland Park, Kansas 66213	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Madison, Wisconsin 53719	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

Robert K. Kirkendall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #