

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98155

1. Entity Name
THE ROBERTS GROUP, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *Robert S. Kirkendall*
Street Address (P.O. Box Number is Not Acceptable)
4000 Gulf Shore Blvd. N.
City *Naples* FL *33940*

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 *Robert S. Kirkendall* DATE *1/3/2002*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	DP	☒ Delete
NAME	KIRKENDALL, ROBERT K.	
STREET ADDRESS	10076 HEMLOCK DR	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	DST	☒ Delete
NAME	KIRKENDALL, GAIL R.	
STREET ADDRESS	10076 HEMLOCK DR	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	D	☐ Delete
NAME	KIRKENDALL, R SCOTT	
STREET ADDRESS	8212 W 123 STREET	
CITY-ST-ZIP	OVERLAND PARK KS 66213	
TITLE	D	☐ Delete
NAME	KIRKENDALL, J DAVID	
STREET ADDRESS	917 S HOLT CIRCLE	
CITY-ST-ZIP	MADISON WI 53719	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: *Robert S. Kirkendall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90002 016 ***158.75

00000100



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0074765** Applied For ☐ Not Applicable ☐

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

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CR2E034 (9/01)

1/3/2002 9:13 381-3730