

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P11717

1. Entity Name

FERRELLGAS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90153 025 ***150.00

Principal Place of Business

Mailing Address

ONE LIBERTY PLAZA
LIBERTY MO 64068
US

ONE LIBERTY PLAZA
LIBERTY MO 64068-2970
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-1285864

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 CB ☐ Delete
NAME FERRELL, JAMES E.
STREET ADDRESS ONE LIBERTY PLAZA
CITY-ST-ZIP LIBERTY MO 64068

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

TITLE D ☐ Delete
NAME FERRELL, JAMES E.
STREET ADDRESS ONE LIBERTY PLAZA
CITY-ST-ZIP LIBERTY MO 64068

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

TITLE S ☐ Delete
NAME SCHEKIRKE, THERESA A
STREET ADDRESS ONE LIBERTY PLAZA
CITY-ST-ZIP LIBERTY MO 64068

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

TITLE AS ☐ Delete
NAME HEINZ, KENNETH A
STREET ADDRESS ONE LIBERTY PLAZA
CITY-ST-ZIP LIBERTY MO 64069

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

TITLE PT ☐ Delete
NAME SHELDON, DANLEY K
STREET ADDRESS ONE LIBERTY PLAZA
CITY-ST-ZIP LIBERTY MO 64068

TITLE P ☒ Change ☐ Addition
NAME Sheldon, Danley K.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Change ☒ Addition
NAME Brown, Cathy S.
STREET ADDRESS One Liberty Plaza
CITY-ST-ZIP Liberty, MO 64068

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:

Cathy S. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/2000

816-792-1600

CR2E034 (9/99)