

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P13103

1. Entity Name

BIRCHTREE FINANCIAL SERVICES, INC.

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

01-26-2000 90140 015 ***150.00

Principal Place of Business

Mailing Address

920 MAIN STREET
SUITE 216
KANSAS CITY, MO 64105
US

920 MAIN STREET
SUITE 216
KANSAS CITY, MO 64105-2025
US

608936



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3100 Broadway
Suite, Apt. #, etc.
Suite 900

3100 Broadway
Suite, Apt. #, etc.
Suite 900

City & State

City & State

Kansas City MO

Kansas City, MO

Zip

Country

64111

U.S.A.

Zip

Country

64111

U.S.A.

4. FEI Number 43-1411418

Applied For
Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DEV
SALIZZONI, FRANK L
920 MAIN STE 216
KANSAS CITY MO 64105 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
KEVIN HARRIS
3100 Broadway Ste 900
Kansas City, MO 64111 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSV
ERNST, MARK A
920 MAIN STE 216
KANSAS CITY MO 64105 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V-P
REBECCA JACKSON
3100 BROADWAY STE 900
KANSAS CITY, MO 64111 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BETZELBERGER, TERRY L
920 MAIN STE 216
KANSAS CITY MO 64105 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V-P
PATRICIA L. ALTON
3100 BROADWAY STE 900
KANSAS CITY, MO 64111 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *Patricia L. Acton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00 (816) 932-1863

Date

Daytime Phone #