

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90133 013 ***150.00

DOCUMENT # P31910

1. Entity Name

GUIDEONE ELITE INSURANCE COMPANY

Principal Place of Business

Mailing Address

1111 ASHWORTH RD.
 WEST DES MOINES IA 50265

1111 ASHWORTH RD.
 WEST DES MOINES IA 50265-3544

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

42-1206846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KETRING, THOMAS
1012 PINEHURST CT
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

Chuck Smith

Street Address (P.O. Box Number is Not Acceptable)

1080 Woodstock Road

City

Orlando

FL

Zip Code
32803

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

Chuck Smith

Chuck Smith State Business Director

4/26/00

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	P HANSEN, DARRYL D. 1111 ASHWORTH RD W. DES MOINES IA 50265	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWELL, DOUGLAS 1111 ASHWORTH RD W DES MOINES IA 50265	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECKSTROM, JANICE K 1111 ASHWORTH RD WEST DES MOINES IA 50265	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARR, THOMAS C 1111 ASHWORTH RD WEST DES MOINES IA 50265	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EATON, JEFFREY D 1111 ASHWORTH RD W DES MOINES IA 50265	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRIS, LARRY D 1111 ASHWORTH RD W DES MOINES IA 50265	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/V/D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Robert A. Crane 1111 Ashworth Road West Des Moines, IA 50265	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John C. Roberts 1111 Ashworth Road West Des Moines, IA 50265	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D	☒ 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:

Thomas C. Farr **Thomas C. Farr**

4/21/00

515-267-5572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #