

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33404

1. Entity Name

TPG FINANCIAL, INC.

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

01-28-2000 90072 007 ***150.00

Principal Place of Business	Mailing Address
101 WEST 11TH STREET, SUITE 1200 SUITE 1110 KANSAS CITY MO 64105 US	101 WEST 11TH STREET, SUITE 1200 SUITE 1110 KANSAS CITY MO 64105-1805 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
101 West 11th Street		101 West 11th Street	
Suite, Apt. #, etc. Suite 1110		Suite, Apt. #, etc. Suite 1110	
City & State Kansas City, MO		City & State Kansas City, MO	
Zip 64105	Country US	Zip 64105	Country U.S.

4. FEI Number	43-1440536	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BERGER, REBECCA 1630 PERIWINKLE WAY SANIBEL ISLAND FL 33957

7. Name and Address of New Registered Agent
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 _____ (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	
TITLE	PD <input type="checkbox"/> Delete
NAME	PROVO, BRUCE A.
STREET ADDRESS	8812 LINDEN DRIVE
CITY-ST-ZIP	PRAIRIE VILLAGE KS
TITLE	VS <input type="checkbox"/> Delete
NAME	ATKINSON, KRISTIN J
STREET ADDRESS	5636 MEADOW COURT
CITY-ST-ZIP	PARKVILLE MO 64152
TITLE	T <input type="checkbox"/> Delete
NAME	WILKERSON, WALLACE R.
STREET ADDRESS	406 EAST 10TH ST
CITY-ST-ZIP	KEARNEY MO 64060
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kristin J. Atkinson 1/4/00 (816) 421-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)