

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36246

1. Entity Name

FARMLAND HYDRO, INC.

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

01-28-2000 90133 032 ***150.00

Principal Place of Business

Mailing Address

3315 N OAK TRAFFICWAY
DEPT 54
KANSAS CITY MO 64116-0005
US

PO BOX 7305
DEPT 54
KANSAS CITY MO 64116-0005
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1589264

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	P	<input type="checkbox"/> Delete
NAME	HONSE, ROBERT W	
STREET ADDRESS	3315 N OAK TRAFFICWAY	
CITY-ST-ZIP	KANSAS CITY MO 64116	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	NUNN, KENT G	
STREET ADDRESS	3315 N OAK TRAFFICWAY	
CITY-ST-ZIP	OSLO, NORWAY	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RIEMANN, STANLEY A	
STREET ADDRESS	3315 N OAK TRAFFICWAY	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	C	<input type="checkbox"/> Delete
NAME	LIE, OLE H	
STREET ADDRESS	3315 N OAK TRAFFICWAY	
CITY-ST-ZIP	KANSAS CITY MO 64116	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	RODGERS, STEVE	
STREET ADDRESS	3315 N OAK TRAFFIC WAY	
CITY-ST-ZIP	KANSAS CITY MO 64116	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	FARRIS, MERLE	
STREET ADDRESS	3315 N. OAK TRAFFICWAY	
CITY-ST-ZIP	KANSAS MO 64116	

TITLE	C	<input checked="" 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rens, Tim	
STREET ADDRESS	3315 N. Oak Trafficway	
CITY-ST-ZIP	Kansas City, MO 64116	
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

Kent G. Nunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kent G. Nunn, VP/Sec./Treas. 1-20-00 816/459-5137

Date

Daytime Phone #

CR2E034 (9/99)