

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90015 042 ***150.00

DOCUMENT # V28978

1. Entity Name

: Lockton Insurance Agency of
Florida, Inc.



DO NOT WRITE IN THIS SPACE

80033708

2. Principal Place of Business

444 W. 47th Street

3. Mailing Address

444 W. 47th Street

Suite, Apt. #, etc.
Suite 900

Suite, Apt. #, etc.
Suite 900

City & State

Kansas City, MO

City & State

Kansas City, MO

4. FEI Number

48-

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Road

City

Plantation,

FL

Zip Code

33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/S/T Michael C. Frost
NAME
STREET ADDRESS 444 W. 47th Street, Ste. 900
CITY- ST- ZIP Kansas City, MO 64112

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D Michael C. Frost
NAME
STREET ADDRESS 444 W. 47th Street, Suite 900
CITY- ST- ZIP Kansas City, MO 64112

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

Date

816-960-9000

Daytime Phone #

CR2E034B (12/02)