

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90034 041 \*\*\*\*61.25

**DOCUMENT # F99000001310**

1. Entity Name

**CAMP QUALITY USA, INCORPORATED**

Principal Place of Business

Mailing Address

113 SOUTH LAKE STREET  
 BOYNE CITY MI 49712

113 SOUTH LAKE STREET  
 BOYNE CITY MI 49712-1211

2. Principal Place of Business

**2311 E. Cragmont**

3. Mailing Address

**2311 E. Cragmont**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Springfield, MO**

City & State

**Springfield, Mo**

4. FEI Number

**38-2200796**

**91-1998955**

Applied For

Not Applicable

Zip

**65804**

Country

**USA**

Zip

**65804**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUNTZ, VIOLA T**  
**153 OVERLOOK DRIVE**  
**CHULUOTA FL 49712**

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

*Joan Strom-Millard, President of Board of Directors*

**1/25/2000**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>N</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BLACK, HARRY</b>	
STREET ADDRESS	<b>3021-A REDWOOD DRIVE</b>	
CITY-ST-ZIP	<b>INDEPENDENCE MO 64057</b>	
TITLE	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>STROM-MILLARD, JOAN</b>	
STREET ADDRESS	<b>10404 BOND</b>	
CITY-ST-ZIP	<b>OVERLAND PARK KS 66214</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GARRETT, SHERYL</b>	
STREET ADDRESS	<b>6750 W. 75TH STREET, SUITE 3B</b>	
CITY-ST-ZIP	<b>OVERLAND PARK KS 66204</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LEAMON, ROY</b>	
STREET ADDRESS	<b>1305 SW HILLCREST DRIVE</b>	
CITY-ST-ZIP	<b>BLUE SPRINGS MO 64015</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LANDRUM, JANE</b>	
STREET ADDRESS	<b>7419 JEFFERSON STREET</b>	
CITY-ST-ZIP	<b>KANSAS CITY MO 64114</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, KEITH</b>	
STREET ADDRESS	<b>6911 W. 125TH STREET</b>	
CITY-ST-ZIP	<b>OVERLAND PARK KS 66209</b>	

TITLE	<b>vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Todd Hudspeth</b>	
STREET ADDRESS	<b>4471 Panorama Drive</b>	
CITY-ST-ZIP	<b>Panora, IA 50216</b>	
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Strom-millard, -Joan</b>	
STREET ADDRESS	<b>10404 Bond</b>	
CITY-ST-ZIP	<b>Overland Park; KS-66214</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Garrett, Sheryl</b>	
STREET ADDRESS	<b>5215 NW Bluff Drive</b>	
CITY-ST-ZIP	<b>Parkville, MO 64152</b>	
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		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)