

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P18323**

1. Entity Name

**FARMERS NATIONAL COMPANY**

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90042 023 \*\*\*150.00

Principal Place of Business

Mailing Address

11516 NICHOLAS ST.  
 OMAHA NE 68154

11516 NICHOLAS ST.  
 OMAHA NE 68154-4409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**47-0157270**

Applied For

Not Applicable

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

**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	PD	<input type="checkbox"/> Delete
NAME	HAHN, RICHARD C.	
STREET ADDRESS	11516 NICHOLAS ST.	
CITY-ST-ZIP	OMAHA NE	
TITLE	DC	<input type="checkbox"/> Delete
NAME	SMITH, DARRELL J.	
STREET ADDRESS	8717 W 110TH ST	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLOCK, DEAN, A	
STREET ADDRESS	610 S 157 CIRCLE	
CITY-ST-ZIP	OMAHA NE	
TITLE	S	<input type="checkbox"/> Delete
NAME	ABELL, WILLIAM F	
STREET ADDRESS	6133 S 102ND ST	
CITY-ST-ZIP	OMAHA NE	
TITLE	T	<input type="checkbox"/> Delete
NAME	KNUTSON, DAVID, L	
STREET ADDRESS	2043 N 55TH ST	
CITY-ST-ZIP	OMAHA NE	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOLLAR, KENNETH L.	
STREET ADDRESS	8717 W 110TH ST	
CITY-ST-ZIP	OVERLAND PARK KS 66210	

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	3940 Hawk Woods Cir.
CITY-ST-ZIP	Omaha NE 68112-3823
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 information as required.

**SIGNATURE:**

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

402-496-3276

Daytime Phone #

CR2E034 (9/99)