

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90004 018 \*\*\*150.00

**DOCUMENT # 017944**

1. Entity Name  
**SPRINT-FLORIDA, INCORPORATED**

Principal Place of Business <b>2330 SHAWNEE MISSION PKWY          SHAWNEE MISSION KS 66205          US</b>	Mailing Address <b>903 E 104TH STREET          MOKCMW0609          KANSAS CITY MO 64131-4509          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6500 Sprint Parkway</b> Suite, Apt. #, etc.	3. Mailing Address <b>6500 Sprint Parkway</b> Suite, Apt. #, etc.
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City & State <b>Overland Park, KS</b>	City & State <b>Overland Park, KS</b>	4. FEI Number <b>59-0248365</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>66251</b>	Country <b>USA</b>	Zip <b>66251</b>	Country <b>USA</b>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>AV BESHEARS, MARK V 903 E 104TH STREET KANSAS CITY MO 64131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HYDE, MICHAEL T 2330 SHAWNEE MISSION PKWY SHAWNEE MISSION KS 66205</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T STRANDJORD, JEANNINE 8140 WARD PKWY KANSAS CITY MO 64114</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MCRAE, RICHARD D 5454 W 110TH STREET OVERLAND PARK KS 66211</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CASCIO, JOHN T 555 LAKE BORDER DR. APOPKA FL 32703</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FULLER, MICHAEL B 5454 W 110TH ST OVERLAND PARK KS 66211</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AV Beshears, Mark V 6500 Sprint Pkwy. Overland Park, KS 66251</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Betts, Gene M. 2330 Shawnee Mission Pkwy. Westwood, KS 66205</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mark V Beshears* **2/4/2000** **913-315-5820**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)