

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 017944

1. Entity Name

SPRINT-FLORIDA, INCORPORATED

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

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

Principal Place of Business

Mailing Address

2330 SHAWNEE MISSION PKWY  
SHAWNEE MISSION KS 66205  
US

903 E 104TH STREET  
MOKCMW0609  
KANSAS CITY MO 64131-4509  
US

2. Principal Place of Business

6500 Sprint Parkway

Suite, Apt. #, etc.

3. Mailing Address

6500 Sprint Parkway

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Overland Park, KS

City & State

Overland Park, KS

4. FEI Number

59-0248365

Applied For

Not Applicable

Zip

Country

66251

USA

Zip

Country

66251

USA

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

CORPORATE SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

TITLE	AV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beshears, Mark V	
STREET ADDRESS	6500 Sprint Pkwy.	
CITY-ST-ZIP	Overland Park, KS 66251	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betts, Gene M.	
STREET ADDRESS	2330 Shawnee Mission Pkwy.	
CITY-ST-ZIP	Westwood, KS 66205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)