

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90181 033 \*\*\*150.00

**DOCUMENT # F01000005746**

1. Entity Name

**WORLDCOVER, INC.**

Principal Place of Business

**1900 SHAWNEE MISSION PKWY  
MISSION WOODS KS 66205**

Mailing Address

**PO BOX 383  
MISSION KS 66201**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**48-1207837**

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM  
1200 SOUTH 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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCHMITT, ANDREW B 1900 SHAWNEE MISSION PKWY MISSION WOODS KS</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT FANSKA, JERRY W 1900 SHAWNEE MISSION PKWY MISSION WOODS KS</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS CROOKE, STEVEN H 1900 SHAWNEE MISSION PKWY MISSION WOODS KS</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Crooke, Steven F</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS CROOKE, STEVEN H 1900 SHAWNEE MISSION PKWY MISSION WOODS KS</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V THOMAS, JAMES H 1900 SHAWNEE MISSION PKWY MISSION WOODS KS</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT SCHMIDT, CURTIS J 1900 SHAWNEE MISSION PKWY MISSION WOODS KS</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Curtis J. Schmidt; Assistant Treasurer**

**4-23-02**

**913/362-0510**

CR2E034 (9/01)

Attachment

964768

WorldCover, Inc. Doc# F01000005746

OFFICERS

Name and Address

Position

Andrew B. Schmitt  
1900 Shawnee Mission Parkway  
Mission Woods, KS 66205

President

James H. Thomas  
200 NE 46<sup>th</sup> Street  
Oklahoma City, OK 73105

Vice President

Steven F. Crooke  
1900 Shawnee Mission Parkway  
Mission Woods, KS 66205

Vice President and  
Secretary

Jerry W. Fanska  
1900 Shawnee Mission Parkway  
Mission Woods, KS 66205

Vice President and  
Treasurer

Curtis J. Schmidt  
1900 Shawnee Mission Parkway  
Mission Woods, KS 66205

Assistant Treasurer

DIRECTORS

Andrew B Schmitt  
1900 Shawnee Mission Parkway  
Mission Woods, KS 66205

Steven F. Crooke  
1900 Shawnee Mission Parkway  
Mission Woods, KS 66205

Jerry W. Fanska  
1900 Shawnee Mission Parkway  
Mission Woods, KS 66205