

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0588529

DOCUMENT # F92000000521

1. Entity Name

TRANS WORLD PARS, INC.

05-16-2001 90054 021 ***150.00

Principal Place of Business

Mailing Address

**11500 AMBASSADOR DR
 KANSAS CITY MO 64153
 US**

**11500 AMBASSADOR DR
 % TAX DEPARTMENT
 KANSAS CITY MO 64153
 US**

010080



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3381826**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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, 2001 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	VPTD	<input checked="" type="checkbox"/> Delete
NAME	DEISIER, CHRISTINE R	
STREET ADDRESS	11500 AMBASSADOR DRIVE	
CITY-ST-ZIP	KANSAS CITY MO 64153	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASEY, DONALD M	
STREET ADDRESS	515 N. 6TH STREET	
CITY-ST-ZIP	ST. LOUIS MO 64153	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUTTERER, PAUL J	
STREET ADDRESS	515 N. 6TH STREET	
CITY-ST-ZIP	ST. LOUIS MO 64153	
TITLE	P	<input type="checkbox"/> Delete
NAME	HENDERSON, R. STAN	
STREET ADDRESS	515 N. 6TH STREET	
CITY-ST-ZIP	ST. LOUIS MO 64153	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE:

Paul J Rutterer

PAUL J RUTTERER/SECRETARY

4/3/01

816-464-6628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)