

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000284

1. Entity Name

NOCUTS, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

6500 Sprint Parkway

3. Mailing Address

6500 Sprint Parkway

Suite, Apt. #, etc.

MAILSTOP: KSOPHL5ASTX

Suite, Apt. #, etc.

MAILSTOP: KSOPHL5ASTX

City & State

Overland Park, Kansas

City & State

Overland Park, Kansas

4. FEI Number

25-1635264

Applied For

Not Applicable

Zip

66251-5777

Country

USA

Zip

66251-5777

Country

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

CT 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, 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	President	<input type="checkbox"/> Delete
NAME	Ronald D. Sondergard	
STREET ADDRESS	14111 Capital Boulevard	
CITY - ST - ZIP	Wake Forest, NC 28587	
TITLE	V.P. & Secretary	<input type="checkbox"/> Delete
NAME	Elizabeth D. Szafran	
STREET ADDRESS	14111 Capital Boulevard	
CITY - ST - ZIP	Wake Forest, NC 28587	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Gene M. Betts	
STREET ADDRESS	2330 Shawnee Mission Parkway	
CITY - ST - ZIP	Westwood, KS 66205	
TITLE	Assistant Treasurer	<input type="checkbox"/> Delete
NAME	Robert C. Horne, Jr.	
STREET ADDRESS	14111 Capital Boulevard	
CITY - ST - ZIP	Wake Forest, NC 28587	
TITLE	Assistant Secretary	<input type="checkbox"/> Delete
NAME	Jack H. Derrick	
STREET ADDRESS	14111 Capital Boulevard	
CITY - ST - ZIP	Wake Forest, NC 28587	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Dwight W. Allen	
STREET ADDRESS	14111 Capital Boulevard	
CITY - ST - ZIP	Wake Forest, NC 28587	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
CITY - ST - ZIP		
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: 

Gene M. Betts

05/11/2000 913-315-5820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90104 003 ***150.00

00058248

DO NOT WRITE IN THIS SPACE