

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005176

1. Entity Name

SPRINT PARANET, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90030 025 \*\*\*150.00

Principal Place of Business

Mailing Address

2330 SHAWNEE MISSION PARKWAY  
WESTWOOD KS 66205

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BOWSER, MARK F	1776 YORKTOWN, STE. 300	HOUSTON TX 77056	<input type="checkbox"/>
VPCF	KRAUSE, ARTHUR B	2330 SHAWNEE MISSION PARKWAY	WESTWOOD KS 66205	<input type="checkbox"/>
VP	MANKER, FAYE S	1200 MAIN STREET	KANSAS CITY MO 64105	<input type="checkbox"/>
VPCO	PORTERFIELD, LARRY R	1776 YORKTOWN, STE. 300	HOUSTON TX 77056	<input type="checkbox"/>
VPS	JENSEN, DON A	2330 SHAWNEE MISSION PARKWAY	WESTWOOD KS 66205	<input type="checkbox"/>
VPT	BETTS, GENE M	2330 SHAWNEE MISSION PARKWAY	WESTWOOD KS 66205	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

01-24-00

Date

913-315-5820

Daytime Phone #