

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90065 037 ****61.25

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1. Entity Name

AMERICAN ADOPTIONS OF FLORIDA, INC.



Principal Place of Business

**418 W. PLATT ST., SUITE C
TAMPA FL 33606**

Mailing Address

**8676 W 96TH STREET
SUITE 140
SHAWNEE MISSION KS 66212**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

9101 W 110TH STREET

Suite, Apt. #, etc.

OVERLAND PARK, KS 66210

City & State

Zip

66210

Country

USA

4. FEI Number **59-3723111**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANCE, T. SEAN

345 BAYSHORE #911

TAMPA FL 33606

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **LANCE, SEAN**
STREET ADDRESS **345 BAYSHORE #911**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☐ Delete
NAME **MARS, SCOTT**
STREET ADDRESS **13242 LONG**
CITY-ST-ZIP **OVERLAND PARK KS 66062**

TITLE **D** ☐ Delete
NAME **MORRIS, WADE**
STREET ADDRESS **15362 SHANNAN LANE**
CITY-ST-ZIP **OLATHE KS 66062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **SCOTT MARS**
STREET ADDRESS **13242 LONG**
CITY-ST-ZIP **OVERLAND PARK, KS 66062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP/DIRECTOR** ☐ Change ☒ Addition
NAME **SUSAN MARS**
STREET ADDRESS **14625 GREENWOOD**
CITY-ST-ZIP **OLATHE, KS 66062**

TITLE **TREASURER/DIRECTOR** ☐ Change ☒ Addition
NAME **JACK EDSTROM**
STREET ADDRESS **11811 W 149TH**
CITY-ST-ZIP **OLATHE, KS 66062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Florida Phone #

CR2E037 (10/02)