

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38219

1. Entity Name

KANSAS CITY COMMUNITY CENTER INCORPORATED

Principal Place of Business

Mailing Address

ATTN: EXEC DIR SUPPORT SVCS
1514 CAMPBELL
KANSAS CITY MO 64108

ATTN: EXEC DIR SUPPORT SVCS
1514 CAMPBELL
KANSAS CITY MO 64108-1520

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

43-1262765

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

CHERIGA, MIKE, ATTORNEY AT LAW
101 EAST COLLEGE AVENUE
TALLAHASSEE FL 32302

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

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. EXISTING OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD. LOCASCIO, JOSEPH H JD
417 E. 13TH ST
KANSAS CITY MO 64106 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S MILLER, IRIS
12309 E. 78TH STREET
KANSAS CITY, MO 64138 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BM DAWSON, FELICIA
2418 E LINWOOD BLVD
KANSAS CITY MO 64108 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T Pugh, Sharon
3629 Harrison Blvd.
Kansas City, MO 64109 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BM DUGGAN, EILEEN MD
12902 W. 76TH TERR
KANSAS CITY MO 64114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BM Sheehan, Michael MD
12902 W. 76th Terrace
Shawnee Mission, KS 66216 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BM PORTER, VERA
3030 BALITMORE
KANSAS CITY MO 64112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BM Jones, Erwin
3033 Chestnut, Apt D
Kansas City, MO 64128 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BM LANG, DONALD P
16009 E. 29TH, APT. 3318
INDEPENDENCE MO ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BM Duggan, Eileen M.D.
8080 Ward Parkway
Kansas City MO 64114 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BM EADS, JAMES
11921 EAST 55TH STREET
KANSAS CITY MO 64133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P Morgan, C. Eugene
1514 Campbell
Kansas City, MO 64108 ☐ Change ☒ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

Date

816/421-6670

Daytime Phone #

CR2E037 (9/99)