

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90009 013 \*\*\*\*70.00

**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



DO NOT WRITE IN THIS SPACE

**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. DELETIONS OF OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	STD	<input type="checkbox"/> Delete
NAME	LOCASCIO, JOSEPH H JD	
STREET ADDRESS	417 E. 13TH ST	
CITY-ST-ZIP	KANSAS CITY MO 64106	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	DAWSON, FELICIA	
STREET ADDRESS	2418 E LINWOOD BLVD	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	BM	<input type="checkbox"/> Delete
NAME	DUGGAN, EILEEN MD	
STREET ADDRESS	12902 W. 76TH TERR	
CITY-ST-ZIP	KANSAS CITY MO 64114	
TITLE	BM	<input type="checkbox"/> Delete
NAME	PORTER, VERA	
STREET ADDRESS	3030 BALITMORE	
CITY-ST-ZIP	KANSAS CITY MO 64112	
TITLE	BM	<input type="checkbox"/> Delete
NAME	LANG, DONALD P	
STREET ADDRESS	16009 E. 29TH, APT. 3318	
CITY-ST-ZIP	INDEPENDENCE MO	
TITLE	BM	<input type="checkbox"/> Delete
NAME	EADS, JAMES	
STREET ADDRESS	11921 EAST 55TH STREET	
CITY-ST-ZIP	KANSAS CITY MO 64133	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, IRIS	
STREET ADDRESS	12309 E. 78TH STREET	
CITY-ST-ZIP	KANSAS CITY, MO 64138	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pugh, Sharon	
STREET ADDRESS	3629 Harrison Blvd.	
CITY-ST-ZIP	Kansas City, MO 64109	
TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheehan, Michael MD	
STREET ADDRESS	12902 W. 76th Terrace	
CITY-ST-ZIP	Shawnee Mission, KS 66216	
TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones, Erwin	
STREET ADDRESS	3033 Chestnut, Apt D	
CITY-ST-ZIP	Kansas City, MO 64128	
TITLE	BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duggan, Eileen M.O.	
STREET ADDRESS	8080 Ward Parkway	
CITY-ST-ZIP	Kansas City MO 64114	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morgan, C. Eugene	
STREET ADDRESS	1514 Campbell	
CITY-ST-ZIP	Kansas City, MO 64108	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

Date

816/421-6670  
 Daytime Phone #

CR2E037 (9/99)