

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**  
 04-03-2001 90100 029 \*\*\*150.00

0568582

**DOCUMENT # 002260**

1. Entity Name  
**VERIZON FLORIDA INC.**

Principal Place of Business 201 N. FRANKLIN ST FLTC0007 TAMPA FL 33602 US	Mailing Address 1255 CORPORATE DRIVE SCC04A43 IRVING TX 75038 US
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2. Principal Place of Business	3. Mailing Address 600 Hidden Ridge
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Suite, Apt. #, etc.	Suite, Apt. #, etc. HQE02I20D
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City & State	City & State Irving, Texas
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Zip	Country	Zip	Country
		75038	USA

4. FEI Number 59-0397520	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	FERRELL, JOHN A	
STREET ADDRESS	ONE TAMPA CITY CENTER	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	EVPD	<input checked="" type="checkbox"/> Delete
NAME	APPEL, JOHN C.	
STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	IRVING TX	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHITMAN, LAWRENCE R	
STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	S	<input type="checkbox"/> Delete
NAME	DROST, MARIANNE	
STREET ADDRESS	1255 CORPORATE DRIVE	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATELAND, L K JR	
STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITMAN, LAWRENCE R	
STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	IRVING TX 75038	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John P. Blanchard	
STREET ADDRESS	One Tampa City Center	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberly Caswell	
STREET ADDRESS	One Tampa City Center	
CITY-ST-ZIP	Tampa, FL 33602	

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: Rosalynn Christian Rosalynn Christian 03/23/2001 (972) 718-2492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)