## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 184723 Feb 18, 2000 8:00 am 1. Entity Name **Secretary of State** NORTHEAST FLORIDA TELEPHONE COMPANY 02-18-2000 90108 001 \*\*\*317.50 Principal Place of Business Mailing Address 130 NORTH FOURTH STREET P.O. BOX 485 MACCLENNY FL 32063-0485 MACCLENNY FL 32063-2112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0798013 Not Applicable Zip Country Zip Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONNER, LEON Street Address (P.O. Box Number is Not Acceptable) 130 NORTH FOURTH STREET MACCLENNY FL 32063-2112 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Delete Change Addition TITLE TITLE NAME CONNER, LEON NAME STREET ADDRESS 130 NORTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MACCLENNY FL 32063 Addition ☐ Change ☐ Delete TITLE TITLE NAME HOLLAND, EVELYN H NAME STREET ADDRESS STREET ADDRESS 130 NORTH FOURTH STREET CITY-ST-ZIP CITY-ST-ZIP MACCLENNY FL 32063 Delete TITLE ☐ Change ☐ Addition TITLE NAME ROSS, JOHNNY R NAME STREET ADDRESS HWY 82 & 29 STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP **LEWISVILLE AR 71845** ☐ Change ☐ Addition Delete TITLE TITLE NAME EASTERDAY, JANET C NAME STREET ADDRESS STREET ADDRESS 130 NORTH FOURTH STREET CITY-ST-ZIP CITY-ST-ZIP MACCLENNY FL 32063 **X**☐ Delete ☐ Change Addition TITLE TITLE MCGLEW, JOHN T. NAME STREET ADDRESS 130 NORTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MACCLENNY FL 32063 ☐ Change ☐ Addition ☐ Delete TITLE TITLE CONNER, SHANNON D NAME NAME STREET ADDRESS STREET ADDRESS 130 NORTH FOURTH STREET CITY-ST-ZIP CITY-ST-ZIP MACCLENNY FL 32063

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

Leon Conner

1/06/00

(904) 259-0620

ate

Daytime Phone #

CHZEU34 (9/99)