2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State
03-07-2001 90180 001 ***635.00

DOCUMENT # 184723

1. Entity Name
NORTHEAST FLORIDA TELEPHONE COMPANY

Principal Place of Business	Mailing Address
% TOWNES TELECOMMUNICATIONS SERVICES CORP 283 E. SHUEY AVE. MACCLENNY FL 32063 US	P.O. BOX 544 MACCLENNY FL 32063 US

284922

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
130 N. Fourth Street	P. O. Box 485
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Macclenny, FL	City & State: Macclenny, FL
Zip: 32063-2112 Country: US	Zip: 32063-0485 Country: US

4. FEI Number 59-0798013 ☐ 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
CONNER, LEON 130 NORTH FOURTH STREET MACCLENNY FL 32063-2112	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

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CONNER, LEON 130 NORTH FOURTH STREET MACCLENNY FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOLLAND, EVELYN H 130 NORTH FOURTH STREET MACCLENNY FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T (NOTE CHANGE IN TITLE)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSS, JOHNNY R HWY 82 & 29 LEWISVILLE AR 71845	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EASTERDAY, JANET C 130 NORTH FOURTH STREET MACCLENNY FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNER, SHANNON D 130 NORTH FOURTH STREET MACCLENNY FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Leon Conner Leon Conner 2/13/01 (904)259-0620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #