

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90023 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 851595**  
**1. Entity Name**  
**GTE LEASING CORPORATION**

**Principal Place of Business**      **Mailing Address**

201 N. FRANKLIN ST  
 1800  
 TAMPA FL 33602  
 US

201 N. FRANKLIN STREET  
 1800  
 TAMPA FL 33602-5167  
 US

**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**      **16-1170094**      Applied For  
 Not Applicable

**5. Certificate of Status Desired**            **\$8.75 Additional Fee Required**

**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      **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 \_\_\_\_\_ (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, 2000 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	<b>C</b> <input type="checkbox"/> Delete
NAME	<b>LINKOVICH, VICKI M</b>
STREET ADDRESS	<b>201 NORTH FRANKLIN STREET, SUITE 1800</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>KENT, JOHN, P., Z</b>
STREET ADDRESS	<b>ONE STAMFORD FORUM</b>
CITY-ST-ZIP	<b>STAMFORD CT</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>DROST, MARIANNE</b>
STREET ADDRESS	<b>ONE STAMFORD FORUM</b>
CITY-ST-ZIP	<b>STAMFORD CT</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>MANEWAL, RICHARD T</b>
STREET ADDRESS	<b>ONE STAMFORD FORUM</b>
CITY-ST-ZIP	<b>STAMFORD CT</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SHUMATE, RICHARD L</b>
STREET ADDRESS	<b>201 N FRANKLIN ST #1800</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1255 CORPORATE DR</b>
CITY-ST-ZIP	<b>IRVING, TX 75038</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1255 CORPORATE DR</b>
CITY-ST-ZIP	<b>IRVING, TX 75038</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P</b> <b>FRANK DAME</b>
STREET ADDRESS	<b>201 N. FRANKLIN</b>
CITY-ST-ZIP	<b>TAMPA, FL 33602</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** *Vicki Linkovich*      **1-26-00**      **(813) 229-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)