

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002413

1. Entity Name

NEXTEL SOUTH CORP.

Principal Place of Business

6573 THE CORNERS PARKWAY ST., N.E.
NORCROSS GA 30092

Mailing Address

1505 FARM CREDIT DR.
SUITE 100
MCLEAN VA 22102-5003

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

58-2038468

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S
NAME ZULAGER, RIED ☒ Delete
STREET ADDRESS 6575 THE CORNERS PKWY
CITY-ST-ZIP NORCROSS GA 30092

TITLE SECRETARY & DIRECTOR ☐ Change ☒ Addition
NAME CHRISTIE HILL
STREET ADDRESS 2001 EDMUND HALLEY DR.
CITY-ST-ZIP RESTON, VA 20191

TITLE VD ☒ Delete
NAME BEGEMAN, GARY
STREET ADDRESS 675 THE CORNERS PKWY
CITY-ST-ZIP NORCROSS GA 30092

TITLE VP-TAX ☐ Change ☒ Addition
NAME BRIAN DAVIS
STREET ADDRESS 2001 EDMUND HALLEY DR.
CITY-ST-ZIP RESTON, VA 20191

TITLE PD ☐ Delete
NAME ORCHARD, RICHARD
STREET ADDRESS 6575 THE CORNERS PKWY
CITY-ST-ZIP NORCROSS GA 30092

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SIDMAN, THOMAS J
STREET ADDRESS 6575 THE CORNERS PKWY
CITY-ST-ZIP NORCROSS GA 30092

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME CAFARO, JOHN
STREET ADDRESS 6575 THE CORNER PKWY
CITY-ST-ZIP NORCROSS GA 30092

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCFO ☐ Delete
NAME SHINDLER, STEVEN M
STREET ADDRESS 6575 THE CORNERS PKWY
CITY-ST-ZIP NORCROSS GA 30092

TITLE ☐ Change ☐ 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:

B. DAVIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

02-16-2000 90009 029 ***150.00

010416



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)