2000 UNIFORM BUSINESS REPORT (UBR)

0011588

DOCUMENT # F99000004241

1. Entity Name

TRIVERGENT COMMUNICATIONS, INC.

FILED

00 JUN 23 AM 10: 14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE $550.00

Principal Place of Business	Mailing Address
NORTH MAIN STREET. SUITE 303 SC 29601	200 NORTH MAIN STREET. SUITE 303 GREENVILLE SC 29601-2128

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 57-1080680 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO HOUSER, CHARLES S 200 NORTH MAIN STREET, SUITE 303 GREENVILLE SC 29601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003315520--1 -07/06/00--01108--003 ***1150.00 ****550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MIZELL, CLARK 200 NORTH MAIN STREET, SUITE 303 GREENVILLE SC 29601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP POWELL, RUSSELL W 200 NORTH MAIN STREET, SUITE 303 GREENVILLE SC 29601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOUSER, SHALER P 200 NORTH MAIN STREET, SUITE 303 GREENVILLE SC 29601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ODDO, VINCENT 200 NORTH MAIN STREET, SUITE 303 GREENVILLE SC 29601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition FF $550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCDOUGALD, GEORGE R 200 NORTH MAIN STREET, SUITE 303 GREENVILLE SC 29601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Clark Mizell REQUIRED Clark Mizell 6/5/00 864-271-6515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #