

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004362

1. Entity Name

FAIRPOINT REGIONAL UTILITY SYSTEM, INC.

Principal Place of Business

8574 TURKEY BLUFF ROAD
NAVARRE FL 32561

Mailing Address

8574 TURKEY BLUFF ROAD
NAVARRE FL 32566-2444

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

59-3602680

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

CAPITAL CONNECTION, INC.

417 E. VIRGINIA ST.

STE. 1

TALLAHASSEE FL 32301-1283

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
WHITE, HAROLD G
STREET ADDRESS 8574 TURKEY BLUFF ROAD
CITY-ST-ZIP NAVARRE FL 32561

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

TITLE ☐ Delete
NAME D
BRASWELL, JOEY
STREET ADDRESS 8574 TURKEY BLUFF ROAD
CITY-ST-ZIP NAVARRE FL 32561

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

TITLE ☒ Delete
NAME D
DELP, RICHARD
STREET ADDRESS 4971 GULF BREEZE PARKWAY
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ Change ☒ Addition
NAME D
Paul Hansen
STREET ADDRESS 4971 Gulf Breeze Parkway
CITY-ST-ZIP Gulf Breeze FL 32561

TITLE ☐ Delete
NAME D
COOEY, JULIAN
STREET ADDRESS 4971 GULF BREEZE PARKWAY
CITY-ST-ZIP GULF BREEZE FL 32561

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

TITLE ☐ Delete
NAME D
EDDY, EDWIN
STREET ADDRESS 1070 SHORELINE DRIVE
CITY-ST-ZIP GULF BREEZE FL 32561

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

TITLE ☐ Delete
NAME D
GILCHRIST, LANE
STREET ADDRESS 1070 SHORELINE DRIVE
CITY-ST-ZIP GULF BREEZE FL 32561

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harold G White

Harold G White

4/12/00

850-939-2427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE