2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 018058

1. Entity Name

CHINCY TELEPHONE COMPANY

COINC! TELEPHONE COMPANY						04-18-200	
Principal Place o	of Business	Mailing Address	Mailing Address				
W FRAKLIN ST BOX 189 TF FL 32351-2310 2. Principal Place of Business Suite, Apt. #, etc. City & State		P.O. BOX 22995 P.O. BOX 22995 KNOXVILLE TN 37933-0995 US) (88 (4) 88 (8) (1 88 (4) 18 (4) 88(8) 8 (4) 8 (4)		
		3. Mailing Addres	3. Mailing Address				
		Suite, Apt. #, etc. City & State			4. FEI Number 59-0413860		
							Zip
	6. Name and Address of Cu	rrent Registered Agent			7. Name and A	ddress of New Re	
				Name		, and the second	
107 W.	IMB, JAMES F FRANKLIN STREET		Street Address City		ss (P.O. Box Number is Not Acceptable)		
UUINCI	Y FL 32353	,					
8. The above na	amed entity submits this statem	nent for the purpose of char	nging its registe	red office or registe	ered agent, or both,	in the State of Flor	
SIGNATURE							
Sig	gnature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Register	ed Agent signature require	ed when reinstating)		
9. This corporal	tion is eligible to satisfy its Inta uirement and elects to do so.	ngible FILE		will be \$550.00	Trust	ion Campaign Fina Fund Contribution	

FILED Apr 18, 2000 8:00 am Secretary of State

-2000 90262 033 ***150.00



WRITE IN THIS SPACE

Applied For

Not Applicable \$8.75 Additional

Fee Required

w Registered Agent

DATE

Zip Code

n Financing ution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 501 - 1 12. 11. VD vio A Wittwer ٧D ■ Delete TITLE TITLE **BROWN, JOY** David A Wittwer NAME NAME 107 W FRANKLIN ST STREET ADDRESS 301 S Westfield Rd STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **QUINCY FL** Madison, WI 53705-0<u>1</u>58 ☐ Change Addition TITI F X Delete TITLE BARNES, G RONNIE NAME NAME Daniel V. Gregory 725 PELLISSIPPI PKWY, STE 230 STREET ADDRESS STREET ADDRESS 120 Enterprise Dr CITY-ST-ZIP CITY-ST-ZIP KNOXVILLE TN <u>Verona, WI 53593</u> TITLE ☐.Change X Addition Delete TITLE -------Michael A. Pandow WITTYER, DAVE NAME NAME STREET ADDRESS 301 S WESTFIELD RD STREET ADDRESS 57 Old Freight Yard CITY-ST-ZIP CITY-ST-ZIP MADISON WI 53705-0158 Northfield, VT 05663 VD ☐ Change Addition ☐ Delete TITLE MASTERS, JERRY Paul E. Pederson NAME 301 S WESTFIELD RD STREET ADDRESS STREET ADDRESS 301 S Westfield Rd CITY-ST-ZIP CITY-ST-ZIP MADISON WI 53705-0158 <u> Madison, WI 53705-0158</u> ☐ Change X Addition ☐ Defete TITLE TITLE Christopher D Daft LUCHEON, DAVE NAME NAME 1937 Kennesaw Ave 725 PELLISIPPI PARKWAY SUITE 230 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Nelson, GA 30151-0129 KNOXVILLE TN Addition TITLE ☐ Change TITLE □ Delete RAYMOND, JEFF L Frank R-Holcomb NAME NAME STREET ADDRESS 107 W Franklin St 301 S WESTFIELD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADISON WI 53705-0158 Quincy, FL 32351-0189

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:

E REDAVIOR EVELLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

04/04/00 (865)

966-4700

Daytime Phone #