

2000 UNIFORM BUSINESS REPORT (UBR)

0575905

DOCUMENT # 176356

1. Entity Name

ALLTEL FLORIDA, INC.

FILED

00 APR 27 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

206 WHITE AVE SE
P.O. BOX 550
LIVE OAK FL 32060-0343

ONE ALLIED DR
P O BOX 2177
LITTLE ROCK AR 72203-2177
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

59-0717786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, GEORGE W
206 WHITE AVENUE, S.E.
LIVE OAK FL 32060

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	D	<input type="checkbox"/> Delete
NAME	FLYNN, MIKE	
STREET ADDRESS	ONE ALLIED DRIVE	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
TITLE	D	<input type="checkbox"/> Delete
NAME	GADBERRY, JAMES	
STREET ADDRESS	ONE ALLIED DRIVE	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GALLOWAY, CHARLES	
STREET ADDRESS	ONE ALLIED DRIVE	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CAMERON, DAVID	
STREET ADDRESS	ONE ALLIED DRIVE	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRASHEAR, RICHARD H	
STREET ADDRESS	206 WHITE AVENUE S.E.	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRANTZ, FRANCIS X	
STREET ADDRESS	ONE ALLIED DRIVE	
CITY-ST-ZIP	LITTLE ROCK AR 72202	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Beebe	
STREET ADDRESS	One Allied Drive	
CITY-ST-ZIP	Little Rock, AR	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffery R. Gardner	
STREET ADDRESS	One Allied Drive	
CITY-ST-ZIP	Little Rock, AR	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

David Cameron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)