

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # 176356**1. Entity Name
ALLTEL FLORIDA, INC.

Principal Place of Business

206 WHITE AVE SE
P.O. BOX 550
LIVE OAK
320600343

FL

Mailing Address

ONE ALLIED DR
P O BOX 2177
LITTLE ROCK
72203

US

AR

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

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

FL

US

7. Name and Address of New Registered Agent

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)

04/18/2001

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, 2001 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

TITLE	S	<input type="checkbox"/> Delete
NAME	FRANTZ FRANCIS X	
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	AS	<input type="checkbox"/> Delete
NAME	CAMERON DAVID	
STREET ADDRESS	ONE ALLIED DRIVE	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARDNER JEFFERY R	
STREET ADDRESS	ONE ALLIED DRIVE	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEEBE KEVIN	
STREET ADDRESS	ONE ALLIED DRIVE	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLYNN MIKE	
STREET ADDRESS	ONE ALLIED DRIVE	
CITY-ST-ZIP	LITTLE ROCK AR 72202	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON DAN	
STREET ADDRESS	206 WHITE AVENUE S.E.	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER JEFFERY R	
STREET ADDRESS	ONE ALLIED DRIVE	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
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

AS

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)