

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 176356

FILED
Jan 15, 2002 8:00 AM
Secretary of State

Entity Name: ALLTEL FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

ONE ALLIED DR
P O BOX 2177
LITTLE ROCK, AR 72203 US

New Mailing Address:

FEI Number: 59-0717786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLYNN, MIKE
Address: ONE ALLIED DRIVE
City-St-Zip: LITTLE ROCK, AR 72202

Title: D () Delete
Name: BEEBE, KEVIN
Address: ONE ALLIED DRIVE
City-St-Zip: LITTLE ROCK, AR

Title: CFO () Delete
Name: GARDNER, JEFFERY R
Address: ONE ALLIED DRIVE
City-St-Zip: LITTLE ROCK, AR 72202

Title: AS () Delete
Name: CAMERON, DAVID
Address: ONE ALLIED DRIVE
City-St-Zip: LITTLE ROCK, AR 72202

Title: P () Delete
Name: THOMPSON, DAN
Address: 206 WHITE AVENUE S.E.
City-St-Zip: LIVE OAK, FL 32060

Title: S () Delete
Name: FRANTZ, FRANCIS X
Address: ONE ALLIED DRIVE
City-St-Zip: LITTLE ROCK, AR 72202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BEEBE, KEVIN
Address: ONE ALLIED DRIVE
City-St-Zip: LITTLE ROCK, AR 72202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BRUNS, HARRY
Address: 14055 RIVEREDGE DRIVE
City-St-Zip: TAMPA, FL 33637

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN BEEBE

D

01/15/2002

Electronic Signature of Signing Officer or Director

Date