

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 21 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 176356

1. Entity Name
ALLTEL FLORIDA, INC.



Principal Place of Business
206 WHITE AVE SE
P.O. BOX 550
LIVE OAK, FL 32060-0343

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-0717786

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME FLYNN, MIKE
STREET ADDRESS ONE ALLIED DRIVE
CITY-ST-ZIP LITTLE ROCK, AR 72202

TITLE President ☐ Change ☐ Addition
NAME John Koch
STREET ADDRESS 10005 Monroe Rd.
CITY-ST-ZIP Matthews, NC 28105

TITLE D ☐ Delete
NAME BEEBE, KEVIN
STREET ADDRESS ONE ALLIED DRIVE
CITY-ST-ZIP LITTLE ROCK, AR 72202

TITLE ☐ Change ☐ Addition
NAME 000016330150
STREET ADDRESS 04/18/03--01067--010
CITY-ST-ZIP **500.00

TITLE CFO ☐ Delete
NAME GARDNER, JEFFERY R
STREET ADDRESS ONE ALLIED DRIVE
CITY-ST-ZIP LITTLE ROCK, AR 72202

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

TITLE AS ☐ Delete
NAME CAMERON, DAVID
STREET ADDRESS ONE ALLIED DRIVE
CITY-ST-ZIP LITTLE ROCK, AR 72202

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

TITLE P ☒ Delete
NAME BRUNS, HARRY
STREET ADDRESS 14066 RIVEREDGE DRIVE
CITY-ST-ZIP TAMPA, FL 33637

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

TITLE S ☐ Delete
NAME FRANTZ, FRANCIS X
STREET ADDRESS ONE ALLIED DRIVE
CITY-ST-ZIP LITTLE ROCK, AR 72202

TITLE ☐ Change ☐ Addition
NAME
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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

501-905-8000

Daytime Phone #

CR2E034 (10/02)

7/4/2003