

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90003 018 ****61.25

DOCUMENT # 741920

1. Entity Name

FLORIDA TELECOMMUNICATIONS ASSOCIATION, INC.

Principal Place of Business

501 POLK ST STE 680
 PO BOX 1776
 TAMPA FL 33602

Mailing Address

PO BOX 1776
 PO BOX 1776
 TAMPA FL 33601
 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

59-3054862

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

CAROL A COFFEY
360 CENTRAL AVE
ST PETERSBURG FL 33701

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
BECK, SANDRA
14840 49TH ST N
CLEARWATER FL 34622

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
MILLER, STEVE
100 2ND AVE S STE 500 S
SAINT PETERSBURG FL 33701

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PO
OTTE, RAY
P.O. Box 272000 N/A
Tampa, FL 33688

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VO
CUNNINGHAM, MIKE
100 2ND AVE S STE 500 S
SAINT PETERSBURG FL 33701

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VO
MILLER, STEVE
100 2nd Ave. So. STE 500S
St. Petersburg, FL 33701

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
HAMMOND POWERS
925 E TWIGGS ST
TAMPA FL

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
LARSON, BETSY
880 CARILLON PARKWAY
ST. PETERSBURG FL 33716

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
CAROL A COFFEY
360 CENTRAL AVE
ST PETERSBURG FL

☐ Delete

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

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 617, 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

Date

Daytime Phone #

CAROL A. COFFEY 2-19-01 (727) 803-4050

CR2E037 (10/00)