

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 808271**

1. Entity Name

FRONTIER COMMUNICATIONS OF THE SOUTH, INC.**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90036 005 ***150.00

Principal Place of Business

**201 S. PENSACOLA AVENUE
ATMORE AL 36502
US**

Mailing Address

**180 S CLINTON AVE. ATTN JEREMY HOTCHKISS
ATTN JEREMY HOTCHKISS
ROCHESTER NY 14646-500
US**

2. Principal Place of Business

3. Mailing Address

180 S Clinton Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN Pat Nothnagle

City & State

City & State

Rochester NY

Zip

Country

Zip

Country

14646-500**US**4. FEI Number **63-0254712**

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BURGESS, RICHARD	210 S ALABAMA AVE	MONROCENTLE AL 36460	<input type="checkbox"/>
AS	LAVERDI, BARBARA	180 S. CLINTON AVENUE	ROCHESTER NY	<input type="checkbox"/>
AST	CARR, MICHAEL	180 S CLINTON AVE	ROCHESTER NY 14646	<input type="checkbox"/>
C	MUOCI, MARTIN	180 S. CLINTON AVE.	ROCHESTER NY 14646	<input type="checkbox"/>
T	ENIS, JOSEPH	180 S CLINTON AVENUE	ROCHESTER NY	<input checked="" type="checkbox"/>
D	CLAYTON, JOSEPH P.	180 S CLINTON AVE	ROCHESTER NY 14646	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
T	Dole, James G.	180 S. Clinton Ave	Rochester, NY 14646	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-01 716-777-6769

CR2E034 (10/00)