

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 823638

1. Entity Name

PARADYNE CORPORATION

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90034 042 \*\*\*150.00

Principal Place of Business

8545-126TH AVE N  
C/O TAX DEPT  
LARGO FL 33773  
US

Mailing Address

8545-126TH AVE N  
C/O TAX DEPT  
LARGO FL 33773-1502  
US

2. Principal Place of Business

8545 - 126th Avenue N.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0891723

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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 . ☐ Delete  
NAME PCD  
STREET ADDRESS MAY, ANDREW S  
CITY-ST-ZIP 4304 ROBIN LN  
TAMPA FL 33609

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

TITLE ☐ Delete  
NAME VS  
STREET ADDRESS SLATTERY, JAMES L.  
CITY-ST-ZIP P.O. BOX 2827  
DUNEDIN FL 34697

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

TITLE ☐ Delete  
NAME VTC  
STREET ADDRESS MURPHY, PATRICK M  
CITY-ST-ZIP 4506 W DALE AVE  
TAMPA FL 33609

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

TITLE ☐ Delete  
NAME BC  
STREET ADDRESS EPLEY, THOMAS E  
CITY-ST-ZIP 414 14TH STREET  
SANTA MONICA CA 90402

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

TITLE ☐ Delete  
NAME C  
STREET ADDRESS BLACK, BARRY H  
CITY-ST-ZIP 3083 BRAELOCH CIRCLE E  
CLEARWATER FL 33761

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS STANTON, DAVID M  
CITY-ST-ZIP 1035 FRANCISCO ST  
SAN FRANCISCO CA

TITLE ☐ Change ☐ 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:

*Patrick M. Murphy*

Chief Financial Officer

4/28/2000

(727) 530-2977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Patrick M. Murphy

Date

Daytime Phone #

CR2E034 (9/99)