

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001742

1. Entity Name  
KMC TELECOM.COM, INC.

Principal Place of Business  
1545 ROUTE 206, SUITE 300  
BEDMINSTER NJ 07921

Mailing Address  
1545 ROUTE 206, SUITE 300  
BEDMINSTER NJ 07921

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 22-3711977

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

C T CORPORATION SYSTEM  
1200 SOUTH 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 PD  
NAME YOUNG, ROSCOE C II  
STREET ADDRESS 1545 ROUTE 206, SUITE 300  
CITY-ST-ZIP BEDMINSTER NJ 07921 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 100004614151--0  
CITY-ST-ZIP -09/27/01--01073--017  
\*\*\*\*750.00 \*\*\*\*750.00 ☐ Change ☐ Addition

TITLE V  
NAME ROSENBLUM, CHARLES  
STREET ADDRESS 1545 ROUTE 206, SUITE 300  
CITY-ST-ZIP BEDMINSTER NJ 07921 ☐ Delete

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

TITLE S  
NAME HAGAN, ROBERT  
STREET ADDRESS 1545 ROUTE 206, SUITE 300  
CITY-ST-ZIP BEDMINSTER NJ 07921 ☐ Delete

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

TITLE T  
NAME DEAN, MARCY  
STREET ADDRESS 1545 ROUTE 206, SUITE 300  
CITY-ST-ZIP BEDMINSTER NJ 07921 ☒ Delete

TITLE T  
NAME LOOSEMORE, CONSTANCE  
STREET ADDRESS 1545 ROUTE 206, SUITE 300  
CITY-ST-ZIP BEDMINSTER, NJ 07921 ☐ Change ☒ Addition

TITLE CD  
NAME KARMINE, HAROLD  
STREET ADDRESS 1545 ROUTE 206, SUITE 300  
CITY-ST-ZIP BEDMINSTER NJ 07921 ☐ Delete

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

TITLE D  
NAME STEWART, WILLIAM  
STREET ADDRESS 1545 ROUTE 206, SUITE 300  
CITY-ST-ZIP BEDMINSTER NJ 07921 ☐ Delete

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

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 reports 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]* **NOTARIZATION REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01 (908) 470-2100

FILED

01 SEP 25 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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