

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 08:00 AM
Secretary of State

DOCUMENT # F00000004677

1. Entity Name
US LEC COMMUNICATIONS INC.

Principal Place of Business THREE MORROCROFT CENTRE 6801 MORRISON BLVD. CHARLOTTE NC 38211	Mailing Address THREE MORROCROFT CENTRE 6801 MORRISON BLVD. CHARLOTTE NC 38211
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2. Principal Place of Business THREE MORROCROFT CENTRE	3. Mailing Address THREE MORROCROFT CENTRE
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Suite, Apt. #, etc. 6801 MORRISON BLVD.	Suite, Apt. #, etc. 6801 MORRISON BLVD.
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City & State CHARLOTTE NC	City & State CHARLOTTE NC
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Zip 28211	Country	Zip 28211	Country
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4. FEI Number 56-2162051	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE **04/04/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VST	<input type="checkbox"/> Delete		TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOOLEY THOMAS R			NAME	GOOLEY THOMAS R		
STREET ADDRESS	6801 MORRISON BLVD.			STREET ADDRESS	6801 MORRISON BLVD.		
CITY-ST-ZIP	CHARLOTTE NC 38211			CITY-ST-ZIP	CHARLOTTE NC 28211		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMPSON CRAIG K			NAME	SIMPSON CRAIG K		
STREET ADDRESS	6801 MORRISON BLVD.			STREET ADDRESS	6801 MORRISON BLVD.		
CITY-ST-ZIP	CHARLOTTE NC 38211			CITY-ST-ZIP	CHARLOTTE NC 28211		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS WILBUR P			NAME	WILLIAMS WILBUR P		
STREET ADDRESS	6801 MORRISON BLVD.			STREET ADDRESS	6801 MORRISON BLVD.		
CITY-ST-ZIP	CHARLOTTE NC 38211			CITY-ST-ZIP	CHARLOTTE NC 28211		
TITLE	VCTO	<input type="checkbox"/> Delete		TITLE	VCTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INGRAM ROBERT D			NAME	FITZPATRICK ALAN		
STREET ADDRESS	6801 MORRISON BLVD.			STREET ADDRESS	6801 MORRISON BLVD.		
CITY-ST-ZIP	CHARLOTTE NC 38211			CITY-ST-ZIP	CHARLOTTE NC 28211		
TITLE	VCFO	<input type="checkbox"/> Delete		TITLE	VCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON MICHAEL K			NAME	ROBINSON MICHAEL K		
STREET ADDRESS	6801 MORRISON BLVD.			STREET ADDRESS	6801 MORRISON BLVD.		
CITY-ST-ZIP	CHARLOTTE NC 38211			CITY-ST-ZIP	CHARLOTTE NC 28211		
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COWELL AARON DJR.			NAME	COWELL AARON DJR.		
STREET ADDRESS	6801 MORRISON BLVD.			STREET ADDRESS	6801 MORRISON BLVD.		
CITY-ST-ZIP	CHARLOTTE NC 38211			CITY-ST-ZIP	CHARLOTTE NC 28211		

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: THOMAS R. GOOLEY VST 04/04/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)