

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90026 050 ***150.00

DOCUMENT # F93000003437

1. Entity Name

GULF LONG DISTANCE, INC.

Principal Place of Business

Mailing Address

120 SOUTH MCKENZIE STREET
 FOLEY AL 36536

120 SOUTH MCKENZIE STREET
 FOLEY AL 36536-1330

C0037401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

19812 Underwood Rd
 Suite, Apt. #, etc.

19812 Underwood Rd
 Suite, Apt. #, etc.

City & State
 Foley, AL

City & State
 Foley, AL

4. FEI Number 63-1026817

Applied For
 Not Applicable

Zip 36535

Country

Zip 36535

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

C T CORPORATION
 1200 SOUTH PINE ISLAND RD
 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 NAME STREET ADDRESS CITY-ST-ZIP	P SNOOK, MARJORIE Y 120 SOUTH MCKENZIE STREET FOLEY AL 36536	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BYRD, ANN 120 SOUTH MCKENZIE STREET FOLEY AL 36535	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILLIAN, HAROLD 120 SOUTH MCKENZIE STREET FOLEY AL 36535	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHEM, WILLARD 120 SOUTH MCKENZIE STREET FOLEY AL 36535	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ken Amburn President 19812 Underwood Rd Foley, AL 36535	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Treas Paul Surp 103 S. Fifth St. Mebane, NC 27302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Controller John Hoagshire 108 Millstead Dr Ste 5 Mebane, NC 27302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman & CEO Donald K. Robertson 19812 Underwood Rd. Foley, AL 36535	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: John Hoagshire V.P. & Controller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/2000 919 563-8150
 Date Daytime Phone #

CF E034 (9/99)