

2000 UNIFORM BUSINESS REPORT (UBR)

067590

DOCUMENT # F96000000285

1. Entity Name

ALLTEL COMMUNICATIONS, INC.

FILED
00 APR 27 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

ONE ALLIED DRIVE
P.O. BOX 2177
LITTLE ROCK AR 72203

ONE ALLIED DRIVE
P.O. BOX 2177
LITTLE ROCK AR 72203-2177

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

71-0781563

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 \$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 VP ☐ Delete
NAME CORNACCHIONE, AMERICO
STREET ADDRESS ONE ALLIED DR
CITY-ST-ZIP LITTLE ROCK AR 72203

TITLE NAME ☐ Change ☐ Addition
NAME 600003245376-7
STREET ADDRESS -05/10/00--01001--001
CITY-ST-ZIP ***2252.50 ****150.00

TITLE P ☐ Delete
NAME FLYNN, MICHAEL T
STREET ADDRESS ONE ALLIED DRIVE
CITY-ST-ZIP LITTLE ROCK AR 72203

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

TITLE VP ☐ Delete
NAME GADBERRY, JAMES F
STREET ADDRESS ONE ALLIED DRIVE
CITY-ST-ZIP LITTLE ROCK AR 72203

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

TITLE S ☐ Delete
NAME FRANTZ, FRANCIS X
STREET ADDRESS ONE ALLIED DRIVE
CITY-ST-ZIP LITTLE ROCK AR 72203

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

TITLE AS ☐ Delete
NAME GALLOWAY, CHARLES R
STREET ADDRESS ONE ALLIED DRIVE
CITY-ST-ZIP LITTLE ROCK AR 72203

TITLE NAME ☒ Change ☐ Addition
NAME David Cameron
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(501) 905-5270

CR2E034 (9/99)