

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000495

1. Entity Name

POWERTEL PCS, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90012 003 \*\*\*150.00

Principal Place of Business

Mailing Address

1233 O.G. SKINNER DR  
WEST POINT GA 31833  
US

1233 O.G. SKINNER DR  
WEST POINT GA 31833-1789  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-1131993**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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]* *[Signature]* *[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

TITLE	CD	<input type="checkbox"/> Delete
NAME	LANIER, CAMPBELL B III	
STREET ADDRESS	1239 O.G. SKINNER DR.	
CITY-ST-ZIP	WEST POINT GA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCOTT, WILLIAM H III	
STREET ADDRESS	1239 O.G. SKINNER DR.	
CITY-ST-ZIP	WEST POINT GA 31833	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SMITH, ALLEN E	
STREET ADDRESS	1233 O.G. SKINNER DR	
CITY-ST-ZIP	WEST POINT GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	ASTOR, FRED G JR.	
STREET ADDRESS	1233 O.G. SKINNER DR	
CITY-ST-ZIP	WEST POINT GA	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MILLS, ROBERT K JR	
STREET ADDRESS	1233 O.G. SKINNER DR	
CITY-ST-ZIP	WEST POINT GA	
TITLE	VC	<input type="checkbox"/> Delete
NAME	KNIGHT, TIMOTHY B	
STREET ADDRESS	1233 O. G. SKINNER DR	
CITY-ST-ZIP	WEST POINT GA 31833	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VT JIM MALCOLM
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* *[Signature]* *[Signature]* - VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/22/2000

Daytime Phone #

(766) 645-2000

CR2E034 (9/99)