

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90091 001 ***300.00

DOCUMENT # F96000005714

1. Entity Name

ST LONG DISTANCE, INC.

Principal Place of Business

C/O LISA R. HOOD
 908 W. FRONTVIEW, POB 199
 DODGE CITY KS 67801

Mailing Address

C/O LISA R. HOOD
 908 W. FRONTVIEW, POB 199
 DODGE CITY KS 67801-2233

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0702267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

TITLE	ED	<input type="checkbox"/> Delete
NAME	THOMAS, JACK H	
STREET ADDRESS	521 E. MOREHEAD STREET, SUITE 250	
CITY-ST-ZIP	CHARLOTTE NC 28202	
TITLE	P	<input type="checkbox"/> Delete
NAME	DUDA, JOHN P	
STREET ADDRESS	521 E. MOREHEAD STREET, SUITE 250	
CITY-ST-ZIP	CHARLOTTE NC 28202	
TITLE	SAD	<input type="checkbox"/> Delete
NAME	JOHNSON, EUGENE B	
STREET ADDRESS	521 E. MOREHEAD STREET, SUITE 250	
CITY-ST-ZIP	CHARLOTTE NC 28202	
TITLE	VFA	<input type="checkbox"/> Delete
NAME	LEACH, WALTER E JR.	
STREET ADDRESS	521 E. MOREHEAD STREET, SUITE 250	
CITY-ST-ZIP	CHARLOTTE NC 28202	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	HOOD, LISA R	
STREET ADDRESS	908 WEST FRONTVIEW, % ST ENTERPRISES LTD	
CITY-ST-ZIP	DODGE CITY KS 28202	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGSTEIN, DANIEL G	
STREET ADDRESS	521 E. MOREHEAD STREET, SUITE 250	
ST-ZIP	CHARLOTTE NC 28202	

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Con Ryan Cure	
STREET ADDRESS	6324 Fairview Rd 4th Fl.	
CITY-ST-ZIP	Charlotte, NC 28210	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 704-441-2502