

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90123 040 ***150.00

DOCUMENT # F97000002517

1. Entity Name
ADELPHIA TELECOMMUNICATIONS OF FLORIDA, INC.

Principal Place of Business

**1 NORTH MAIN STREET
COUDERSPORT PA 16915
US**

Mailing Address

**1 NORTH MAIN STREET
COUDERSPORT PA 16915
US**

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

25-1798054

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

**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, 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, 2002 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 ☐ Delete
NAME **PD**
STREET ADDRESS **RIGAS, JOHN J**
CITY-ST-ZIP **1 NORTH MAIN STREET
COUDERSPORT PA 16915**

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

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **RIGAS, MICHAEL J**
CITY-ST-ZIP **1 NORTH MAIN STREET
COUDERSPORT PA 16915**

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

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **RIGAS, JAMES P**
CITY-ST-ZIP **1 NORTH MAIN STREET
COUDERSPORT PA 16915**

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

TITLE ☐ Delete
NAME **DVT**
STREET ADDRESS **RIGAS, TIMOTHY J**
CITY-ST-ZIP **1 NORTH MAIN STREET
COUDERSPORT PA 16915**

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

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **GLICKAMSN, JOHN B**
CITY-ST-ZIP **1 NORTH MAIN STREET
COUDERSPORT PA 16915**

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

TITLE ☐ Delete
NAME **VS**
STREET ADDRESS **FISHER, RANDALL D**
CITY-ST-ZIP **1 NORTH MAIN STREET
COUDERSPORT PA 16915**

TITLE ☐ 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 another fee empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/02

814 274 9830

CR2E034 (9/01)

Attachment

319700

F97000002517

Adelphia

January 29, 2002

VIA OVERNIGHT

Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: 2002 Uniform Business Report / Adelphia Telecommunications of Florida, Inc.

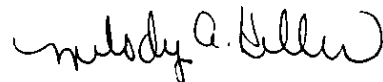
Dear Sir or Madam:

Enclosed in duplicate for filing, please find the completed 2002 Uniform Business Report for Adelphia Telecommunications of Florida, Inc. Please date stamp the enclosed extra copy of the report and return it in the self-addressed, stamped envelope provided so that we may update our records.

Also enclosed please find a check in the amount of \$150.00, payable to the Department of State, to cover the filing fee.

If you have any questions, please do not hesitate to contact the undersigned.

Sincerely,



Melody A. Heller
Legal Assistant

mah
Enclosures
cc: James Rigas

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

06/9981 AT

319700

DOCUMENT # **F97000002517**

1. Entity Name
ADELPHIA TELECOMMUNICATIONS OF FLORIDA, INC.

Principal Place of Business: **1 NORTH MAIN STREET
COUDERSPORT PA 16915
US**

Mailing Address: **1 NORTH MAIN STREET
COUDERSPORT PA 16915
US**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **25-1798054**

Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ (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, 2002 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	PD RIGAS, JOHN J. 1 NORTH MAIN STREET COUDERSPORT PA 16915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RIGAS, MICHAEL J 1 NORTH MAIN STREET COUDERSPORT PA 16915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RIGAS, JAMES P. 1 NORTH MAIN STREET COUDERSPORT PA 16915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT RIGAS, TIMOTHY J 1 NORTH MAIN STREET COUDERSPORT PA 16915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GLICKAMSN, JOHN B 1 NORTH MAIN STREET COUDERSPORT PA 16915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FISHER, RANDALL D 1 NORTH MAIN STREET COUDERSPORT PA 16915 <input type="checkbox"/> Delete	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 reports 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 another I am empowered.

SIGNATURE: _____ **2/1/02** **8142749830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment

319700

F99000002517

Adelphia

January 29, 2002

VIA OVERNIGHT

Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: 2002 Uniform Business Report / Adelphia Telecommunications of Florida, Inc.

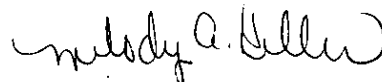
Dear Sir or Madam:

Enclosed in duplicate for filing, please find the completed 2002 Uniform Business Report for Adelphia Telecommunications of Florida, Inc. Please date stamp the enclosed extra copy of the report and return it in the self-addressed, stamped envelope provided so that we may update our records.

Also enclosed please find a check in the amount of \$150.00, payable to the Department of State, to cover the filing fee.

If you have any questions, please do not hesitate to contact the undersigned.

Sincerely,



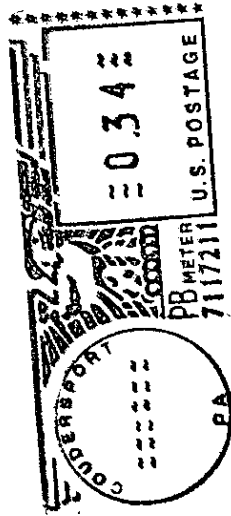
Melody A. Heller
Legal Assistant

mah
Enclosures
cc: James Rigas

1 North Main Street
Coudersport PA 16915

Adelphia

Adelphia Buisness Solutions
Melody Heller
One North Main Street
Coudersport, PA 16915



319700