

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003370

1. Entity Name  
STAR TELECOMMUNICATIONS, INC.

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90010 040 \*\*\*150.00

661159



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
223 E DE LA GUERRA ST  
SANTA BARBARA CA 93101  
US

Mailing Address  
223 E DE LA GUERRA ST  
SANTA BARBARA CA 93101  
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 77-0362681

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.

(NOT)

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!**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**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	CEO	<input checked="" type="checkbox"/> Delete
NAME	EDGEComb, CHRIS	
STREET ADDRESS	223 E DE LA GUERRA ST	
CITY-ST-ZIP	SANTA BARBARA CA 93101	
TITLE	PCDS	<input checked="" type="checkbox"/> Delete
NAME	CASEY, MARY	
STREET ADDRESS	223 E DE LA GUERRA ST	
CITY-ST-ZIP	SANTA BARBARA CA 93101	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	VAUN CRUMLY, DAVID	
STREET ADDRESS	223 E DE LA GUERRA ST	
CITY-ST-ZIP	SANTA BARBARA CA 93101	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASEY, MARY	
STREET ADDRESS	223 E DE LA GUERRA ST	
CITY-ST-ZIP	SANTA BARBARA CA 93101	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	ENOS, KELLY	
STREET ADDRESS	223 E DE LA GUERRA ST	
CITY-ST-ZIP	SANTA BARBARA CA 93101	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHINS, DON	
STREET ADDRESS	223 E DE LA GUERRA ST	
CITY-ST-ZIP	SANTA BARBARA CA 93101	

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON HUTCHINS, JR.	
STREET ADDRESS	Same 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)