

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003512

1. Entity Name

American Communication Services of Tampa, Inc.

FILED

00 APR 28 AM 8:12

Principal Place of Business

Mailing Address

131 National Business Parkway, Suite 100
Annapolis Junction, MD 20701

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

131 National Business Pkwy 131 National Business Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

DO NOT WRITE IN THIS SPACE

City & State

City & State

Annapolis Jct, MD

Annapolis Jct, MD

4. FEI Number

52-2051595

Applied For

Not Applicable

Zip

Country

Zip

Country

20701

USA

20701

USA

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

Norman H. Horton, Esq.
Messer Caparello & Self, PA
215 S. Monroe Street, #701
Tallahassee, FL 32302-1876

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	Senior Vice President/Secretary
NAME	Juliette W. Pryor
STREET ADDRESS	12975 Worldgate Drive
CITY-ST-ZIP	Herndon, VA 20170
TITLE	Interim Treasurer <input type="checkbox"/> Delete
NAME	Sean S. Scarlis
STREET ADDRESS	7125 Columbia Gateway Dr, Ste 200
CITY-ST-ZIP	Columbia, MD 21046
TITLE	Director <input type="checkbox"/> Delete
NAME	Christopher L. Rafferty
STREET ADDRESS	12975 Worldgate Drive
CITY-ST-ZIP	Herndon, VA 20170
TITLE	Director <input type="checkbox"/> Delete
NAME	Peter C. Bentz
STREET ADDRESS	12975 Worldgate Drive
CITY-ST-ZIP	Herndon, VA 20170
TITLE	Director <input type="checkbox"/> Delete
NAME	George F. Schmitt
STREET ADDRESS	12975 Worldgate Drive
CITY-ST-ZIP	Herndon, VA 20170
TITLE	<input type="checkbox"/> Delete
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 type="checkbox"/> Addition
NAME	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Senior Vice President/
Secretary

4/24/00 703.639.6358

Date

Daytime Phone #

CR2E034 (9/99)