

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006452

1. Entity Name

WIRELESS ONE OF FLORIDA, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90064 022 ***150.00

Principal Place of Business

Mailing Address

~~2506 LAKELAND DRIVE, SUITE 400~~
~~JACKSON MS 39208~~

~~2506 LAKELAND DRIVE, SUITE 400~~
~~JACKSON MS 39208 0720~~

2. Principal Place of Business

500 Clinton Center Dr.

3. Mailing Address

1133 19th ST NW

Suite, Apt. #, etc. Clinton, MS 39056

Suite, Apt. #, etc. DEPT. 8408

City & State

City & State WASHINGTON DC

4. FEI Number 72-1344122

Applied For
Not Applicable

Zip

Country US

Zip

Country US

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

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

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 C
NAME STERNBERG, HANS
STREET ADDRESS 7800 OFFICE PARK BLVD
CITY-ST-ZIP BATON ROUGE LA 70809-6703 ☒ Delete

TITLE P D CEO
NAME BERNARD EBBERS
STREET ADDRESS 500 Clinton Center Dr.
CITY-ST-ZIP Clinton, MS 39056 ☐ Change ☒ Addition

TITLE CEO
NAME BURKHALTER, HENRY
STREET ADDRESS 2506 LAKELAND SR STE 600
CITY-ST-ZIP JACKSON MS 39208 ☒ Delete

TITLE ST CFO
NAME SCOTT SULLIVAN
STREET ADDRESS 500 Clinton Center Dr.
CITY-ST-ZIP Clinton, MS 39056 ☐ Change ☒ Addition

TITLE VPT
NAME WOOLHISER, LAWRENCE D JR
STREET ADDRESS 2506 LAKELAND DR STE 600
CITY-ST-ZIP JACKSON MS 39208 ☒ Delete

TITLE VP + GEN TAX COUNSEL
NAME WALTER NAGEL
STREET ADDRESS 1133 19th ST NW
CITY-ST-ZIP WASHINGTON DC 20036 ☐ Change ☒ Addition

TITLE VP
NAME ELLIS, MICHAEL C
STREET ADDRESS 2506 LAKELAND DRIVE STE 400
CITY-ST-ZIP JACKSON MS 39208 ☒ Delete

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

TITLE D
NAME MCHENRY, CARROLL
STREET ADDRESS 200 CHISOLM PLACE STE. 200
CITY-ST-ZIP PLANO TX 75075 ☐ Delete

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

TITLE VPCO
NAME YATES, ERNEST D
STREET ADDRESS 2506 LAKELAND DRIVE STE 600
CITY-ST-ZIP JACKSON MS 39208 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
V.P. & Gen. Tax Counsel

Walter Nagel

4/24/00 202-736-6000

Date

Daytime Phone #

CR2E034 (9/99)