

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90348 018 ***150.00

DOCUMENT # F97000006543

1. Entity Name

SPECTRASITE COMMUNICATIONS, INC.

Principal Place of Business

**1000 REGENCY FOREST STE 480
 CARY NC 27511**

Mailing Address

**1000 REGENCY FOREST STE 480
 CARY NC 27511**

815032



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**100 Regency Forest Dr
 Suite, Apt. # 400
 Ste. 400**

3. Mailing Address

**100 Regency Forest Dr
 Suite, Apt. # 400
 Ste. 400**

City & State

Cary NC

City & State

Cary NC

4. FEI Number

56-2011640

Applied For

Not Applicable

Zip

27511

Country

USA

Zip

27511

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORTION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	CLARK, STEPHEN H	
STREET ADDRESS	8000 REGENCY PARKWAY, SUITE 570	
CITY-ST-ZIP	CARY NC 27511	
TITLE	CFOS	<input type="checkbox"/> Delete
NAME	TOMICK, DAVID P	
STREET ADDRESS	8000 REGENCY PARKWAY, SUITE 570	
CITY-ST-ZIP	CARY NC 27511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	COO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy G Biltz	
STREET ADDRESS	100 Regency Forest Dr	
CITY-ST-ZIP	Cary, NC 27511	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel I. Hunt	
STREET ADDRESS	100 Regency Forest Dr	
CITY-ST-ZIP	Cary, NC 27511	
TITLE	Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John H. Lynch	
STREET ADDRESS	100 Regency Forest Dr	
CITY-ST-ZIP	Cary, NC 27511	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven C. Lilly	
STREET ADDRESS	100 Regency Forest Dr	
CITY-ST-ZIP	Cary, NC 27511	

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:

Daniel Hunt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01
 Date

919 465-6770
 Daytime Phone #

CR2E034 (10/00)