

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90179 001 \*\*\*150.00

**DOCUMENT # F98000000186**

1. Entity Name

**FOCAL COMMUNICATIONS CORPORATION OF FLORIDA**

Principal Place of Business

200 N. LASALLE ST., #820  
 800  
 CHICAGO IL 60601

Mailing Address

200 N. LASALLE ST., #820  
 800  
 CHICAGO IL 60601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1100

Suite, Apt. #, etc.

1100

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4202978**

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

C T CORPORATION SYSTEM  
 C/O 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, ROBERT C JR	
STREET ADDRESS	200 N. LASALLE ST., #820	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	BEATTY, JOSEPH A	
STREET ADDRESS	200 N. LASALLE ST., #820	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	V	<input type="checkbox"/> Delete
NAME	JUNKROSKI, ROBERT M	
STREET ADDRESS	200 N. LASALLE ST., #800	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARNICLE, JOHN	
STREET ADDRESS	200 N. LASALLE ST., #800	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, RENEE	
STREET ADDRESS	200 N. LASALLE ST., #800	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	#1100	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	#1100	
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	#1100	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	#1100	
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

RENEE M. MARTIN

Date

1/11/2001 312-895-8484

Daytime Phone #

CR2E034 (10/00)