

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001101

1. Entity Name

ASC NETWORK CORPORATION

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90073 039 \*\*\*150.00

Principal Place of Business

Mailing Address

HEALTHSOUTH PARKWAY  
AL 35243

P.O. BOX 38056  
BIRMINGHAM AL 35238

2. Principal Place of Business

3. Mailing Address

P.O. Box 380546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Birmingham, AL

4. FEI Number

95-4348431

Applied For

Not Applicable

Zip

Country

Zip  
35238

Country

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 CD ☐ Delete  
NAME SCRUSHY, RICHARD M  
STREET ADDRESS ONE HEALTHSOUTH PKWY  
CITY-ST-ZIP BIRMINGHAM AL

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

TITLE VD ☐ Delete  
NAME BENNETT, JAMES P  
STREET ADDRESS ONE HEALTHSOUTH PKWY  
CITY-ST-ZIP BIRMINGHAM AL

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

TITLE VSD ☒ Delete  
NAME TANNER, ANTHONY J  
STREET ADDRESS ONE HEALTHSOUTH PKWY  
CITY-ST-ZIP BIRMINGHAM AL

TITLE VSP ☐ Change ☒ Addition  
NAME Brandon O. Hale  
STREET ADDRESS One HealthSouth Parkway  
CITY-ST-ZIP Birmingham, AL 35243

TITLE P ☐ Delete  
NAME FOSTER, PATRICK A  
STREET ADDRESS ONE HEALTHSOUTH PKWY  
CITY-ST-ZIP BIRMINGHAM AL

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

TITLE VT ☐ Delete  
NAME MARTIN, MICHAEL D  
STREET ADDRESS ONE HEALTHSOUTH PKWY  
CITY-ST-ZIP BIRMINGHAM AL

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

TITLE V ☐ Delete  
NAME OWENS, WILLIAM T  
STREET ADDRESS ONE HEALTHSOUTH PKWY  
CITY-ST-ZIP BIRMINGHAM AL

TITLE ☐ Change ☐ 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 another filing empowered.

SIGNATURE:

*Richard E. Botts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7116

CR2E034 (9/99)