

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
 01-30-2001 90120 012 ***158.75

DOCUMENT # F98000001416

1. Entity Name
DAVEL COMMUNICATIONS GROUP, INC.

Principal Place of Business **Mailing Address**
 10120 WINDHORST ROAD 10120 WINDHORST ROAD
 TAMPA FL 33619 TAMPA FL 33619

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **37-1064777** **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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S <input type="checkbox"/> Delete
NAME	RENARD, BRUCE W
STREET ADDRESS	10120 WINDHORST ROAD
CITY-ST-ZIP	TAMPA FL 33619
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	BREADEN, WILLIAM K
STREET ADDRESS	10120 WINDHORST ROAD
CITY-ST-ZIP	TAMPA FL 33619
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	HAYES, MICHAEL E
STREET ADDRESS	10120 WINDHORST ROAD
CITY-ST-ZIP	TAMPA FL 33619
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	

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce W. Renard
STREET ADDRESS	10120 Windhorst Road
CITY-ST-ZIP	Tampa, FL 33619
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marc S. Bendesky
STREET ADDRESS	10120 Windhorst Road
CITY-ST-ZIP	Tampa, FL 33619
TITLE	P and D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul M. Lucking
STREET ADDRESS	10120 Windhorst Road
CITY-ST-ZIP	Tampa, FL 33619
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

01-22-01

Date

813-628-8000

Daytime Phone #

CR2E034 (10/00)