

2001 UNIFORM BUSINESS REPORT (UBR)

0338824

DOCUMENT # F98000002080

1. Entity Name
Z-TEL COMMUNICATIONS, INC.

FILED
01 APR 30 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
601 S HARBOUR ISLAND BLVD
STE 220
TAMPA FL 33602
US

Mailing Address
601 S HARBOUR ISLAND BLVD
STE 220
TAMPA FL 33602
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3486356**

Applied For
Not Applicable

Zip Country

Zip 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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CDP
SMITH, D. GREGORY ☐ Delete
601 S HARBOUR ISLAND BLVD STE 220
TAMPA FL 33602

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
HUTCHENS, JOHN M
601 S HARBOUR ISLAND BLVD STE 220
TAMPA FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900004195259--0 ☐ Change ☐ Addition
-05/11/01--01029--016
******150.00 ****150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T ☐ Delete
JOHNSON, MARK H
601 S. HARBOUR ISLAND BLVD., STE 220
TAMPA FL 33602

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition
Jeffrey H. Kupor
601 S. Harbour Island Blvd., Ste 220
Tampa, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark H. Johnson, SEc/Treas.

4-26-01

813.233.4612

Date

Daytime Phone #

CR2E034 (10/00)