

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002728

1. Entity Name

AMERITECH PAYPHONE SERVICES, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90284 038 \*\*\*150.00

Principal Place of Business

Mailing Address

225 W. RANDOLPH ST.  
CHICAGO IL 60606

225 W. RANDOLPH ST.  
CHICAGO IL 60606-1824

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-4001608**

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, 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	P	<input type="checkbox"/> Delete
NAME	GOENS, DONALD V	
STREET ADDRESS	225 W. RANDOLPH ST.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, MICHAEL L	
STREET ADDRESS	225 W. RANDOLPH ST.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KROL, MICHAEL S	
STREET ADDRESS	225 W. RANDOLPH ST.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VF	<input type="checkbox"/> Delete
NAME	GOLD, CHERI D	
STREET ADDRESS	225 W. RANDOLPH ST.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHOLEY, JOHN J	
STREET ADDRESS	225 W. RANDOLPH ST.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOLD, DEIDRA	
STREET ADDRESS	30 S. WACKER DR.	
CITY-ST-ZIP	CHICAGO IL 60606	

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		
TITLE	VF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheri D. Reid	
STREET ADDRESS	225 W. Randolph Street	
CITY-ST-ZIP	Chicago, Illinois 60606	
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)(f), 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

Date

Daytime Phone #

CR2E034 (9/99)