

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003915

1. Entity Name

2ND CENTURY COMMUNICATIONS, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90238 048 ***150.00

Principal Place of Business

Mailing Address

7702 WOODLAND CENTER BLVD
SUITE 50
TAMPA FL 33614

7702 WOODLAND CENTER BLVD
SUITE 50
TAMPA FL 33614-2411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3520645

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

LYNCH, PAUL R
101 EAST KENNEDY BLVD STE 2800
TAMPA FL 33602

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	C	<input checked="" type="checkbox"/> Delete
NAME	VIREN, MICHAEL A	
STREET ADDRESS	7702 WOODLAND CENTER BLVD STE 50	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, OSCAR J	
STREET ADDRESS	7702 WOODLAND CENTER BLVD STE 50	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROCCA, CARMINE V	
STREET ADDRESS	7702 WOODLAND CENTER BLVD STE 50	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAKER, CHARLOTTE A	
STREET ADDRESS	7702 WOODLAND CENTER BLVD STE 50	
CITY-ST-ZIP	TAMPA FL	
TITLE	STAV	<input checked="" type="checkbox"/> Delete
NAME	MONTAGUE, DANIEL J	
STREET ADDRESS	7702 WOODLAND CENTER BLVD STE 50	
CITY-ST-ZIP	TAMPA FL	
TITLE	AV	<input checked="" type="checkbox"/> Delete
NAME	PRIVETTE, BEVERLY	
STREET ADDRESS	7702 WOODLAND CENTER BLVD STE 50	
CITY-ST-ZIP	TAMPA FL	

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John J. Prisco	
STREET ADDRESS	7702 Woodland Center Blvd., Ste. 50	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Geary	
STREET ADDRESS	450 Winter Street, Ste 4600	
CITY-ST-ZIP	Waltham, MA 02451	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Hathaway	
STREET ADDRESS	30 Rockefeller Plaza, Rm 5508	
CITY-ST-ZIP	New York, N.Y. 10112	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Les Strauss	
STREET ADDRESS	2098 Morse Hill Rd.	
CITY-ST-ZIP	Dorset, VT 05253	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Wagner	
STREET ADDRESS	428 University Ave.	
CITY-ST-ZIP	Palo Alto, CA 94301	
TITLE	Treasurer, V.P. Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Polchin	
STREET ADDRESS	7702 Woodland Center Blvd. Ste 50	
CITY-ST-ZIP	Tampa FL 33614	

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

Date

Daytime Phone #

4/21/00

813-901-1669