

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002193

1. Entity Name

ADVANCED TELCOM GROUP, INC.

FILED

Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90056 042 ***150.00

Principal Place of Business

100 STONY POINT ROAD, SUITE 130
SANTA ROSA CA 95401

Mailing Address

100 STONY POINT ROAD, SUITE 130
SANTA ROSA CA 95401-4131

2. Principal Place of Business

110 Stony Point Rd.

Suite, Apt. #, etc.

Suite 200

City & State

Santa Rosa, CA

Zip

95401

Country

Sonoma

3. Mailing Address

110 Stony Point Rd.

Suite, Apt. #, etc.

Suite 200

City & State

Santa Rosa, CA

Zip

95401

Country

Sonoma



DO NOT WRITE IN THIS SPACE

4. FEI Number

77-0489158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED RUDOLPH, CLIFF 100 STONY POINT ROAD, SUITE 130 SANTA ROSA CA 95401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WHEELING, CURT 100 STONY POINT ROAD, SUITE 130 SANTA ROSA CA 95401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BLACK, MICHAEL 100 STONY POINT ROAD, SUITE 130 SANTA ROSA CA 95401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENBOW, ROBERT F ONE EMBARCADERO CTE STE 4050 SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, NEAL M 3000 SAND HILL ROAD BLDG. 1 STE 285 MENLO PARK CA 94025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, ADAM 1428 15TH STREET DENVER CO 80202	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/S/D Rudolph, Cliff 110 Stony Point Rd, Suite 200 Santa Rosa, CA 95401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P/T Curry, Charlene 110 Stony Point Rd., Suite 200 Santa Rosa, CA 95401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WHEELING, CURT 110 Stony Point Rd, Suite 200 Santa Rosa, CA 95401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Black, Michael 110 Stony Point Rd, Suite 200 Santa Rosa, CA 95401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)