

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90036 005 ***150.00

DOCUMENT # F99000005977

1. Entity Name

EPIK COMMUNICATIONS INCORPORATED

Principal Place of Business

**C/O FLORIDA EAST COAST INDUSTRIES, INC.
 1 MALAGA STREET
 ST. AUGUSTINE FL 32084**

Mailing Address

**C/O FLORIDA EAST COAST INDUSTRIES, INC.
 1 MALAGA STREET
 ST. AUGUSTINE FL 32084**

2. Principal Place of Business

3501 Quadrangle Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 225

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

4. FEI Number **59-3575654**

Applied For

Not Applicable

Zip
32817-8325

Country
USA

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

**EDDINS, HEIDI J
 C/O FLORIDA EAST COAST INDUSTRIES, INC.
 1 MALAGA STREET
 ST. AUGUSTINE FL 32084**

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
**P
 MCCLELLAN, JOHN D
 3501 QUADRANGLE BLVD., SUITE 225
 ORLANDO FL 32817** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P/D
 McClellan, John D.
 3501 Quadrangle Blvd., Suite 225
 Orlando, FL 32817** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**C
 ANESTIS, ROBERT W
 ONE MALAGA STREET
 ST. AUGUSTINE FL 32084** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**C/D
 Anestis, Robert W.
 One Malaga Street
 St. Augustine, FL 32084** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 MACSWAIN, ROBERT F
 ONE MALAGA STREET
 ST. AUGUSTINE FL 32084** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V/D
 MacSwain, Robert F.
 One Malaga Street
 St. Augustine, FL 32084** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 EDDINS, HEIDI J
 ONE MALAGA STREET
 ST. AUGUSTINE FL 32084** ☐ 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

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:

Heidi J. Eddins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01 904/826-2398
 Date Daytime Phone #

CR2E034 (10/00)

#F99000005977
733647

VP Finzi, Benjamin 3501 Quadrangle Blvd. Suite 225 Orlando, FL 32817-8325	T Byrne, R 3501 Quadrangle Blvd. Suite 225 Orlando, FL 32817-8325
Asst. Sec. Welch, John 3501 Quadrangle Blvd. Suite 225 Orlando, FL 32817-8325	