## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # G84025** 1. Entity Name WINDSTREAM UTILITIES COMPANY 01-29-2001 90120 030 \*\*\*150.00 Principal Place of Business Mailing Address 3002 N.W. 10TH ST P.O. BOX 4201 OCALA FL 34475 OCALA FL 34478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2382672 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DLOUHY, SHARON Street Address (P.O. Box Number is Not Acceptable) 700 S.E. 49TH AVE. P.O.BOX 186 OCALA FL-32678-8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida le if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD ☐ Addition ☐ Delete Change TITLE TITLE DLOUHY, SHARON NAME NAME 700 S.E. 49TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OCALA FL ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 ddress, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURĚ:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF STANING OFFICER OR DIRECTOR