

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06613

1. Entity Name

INDEPENDENT TELEPHONE PIONEER ASSOCIATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90065 045 ****61.25

Principal Place of Business

Mailing Address

1401 H STREET NW
STE 600
WASHINGTON DC 20005

C/O CSC
1201 HAYES ST
TALLAHASSEE FL 32301-2608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-6068733

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HORNING, VANESSA	
STREET ADDRESS	4132 122ND PL. SE	
CITY-ST-ZIP	EVERETT WA 98208	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCVEY, ROSS	
STREET ADDRESS	C/O TDS 8401 GREENWAY BLVD., 11TH FLOOR	
CITY-ST-ZIP	MIDDLETON WI 53562	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRITCHARD, JOSEPHINE M	
STREET ADDRESS	81 LOCUST AVE	
CITY-ST-ZIP	HERSHEY PA 17033	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANEY, LORETTA	
STREET ADDRESS	253 MYRTLE STREET	
CITY-ST-ZIP	REDLANDS CA 92373	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTNEY, JAMES	
STREET ADDRESS	2121 UNIVERSITY PARK DR., STE 150	
CITY-ST-ZIP	OKEMOS MI 48864	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSTON, J. GUY	
STREET ADDRESS	3199 GREENWOOD RD	
CITY-ST-ZIP	ROCK HILLS SC 29730	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	DARLENE ROLL
CITY-ST-ZIP	1385 Road 216 bellefontaine, OH 4331
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

2-25-00 425/261-9400

CR2E037 (9/99)