

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90215 010 ****61.25

DOCUMENT # N24338

1. Entity Name
FLORIDA COMPETITIVE CARRIERS ASSOCIATION, INC.



Principal Place of Business

**117 S. GADSDEN STREET
TALLAHASSEE FL 32301**

Mailing Address

**117 S. GADSDEN STREET
TALLAHASSEE FL 32301**

90026441



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0049123**

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

MCNULTY, DONNA CANZANO

**325 JOHN KNOX ROAD, THE ATRIUM 1203 Governors
SUITE 105 Square Blvd,
TALLAHASSEE FL 32303 Suite 201
32301**

Name

Donna Canzano McNulty

Street Address (P.O. Box Number is Not Acceptable)

1203 Governors Square Blvd, Suite 201

City

Tallahassee

FL

Zip Code

32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Donna C. McNulty**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** ☐ Delete
NAME **SULMONETTI, BRIAN K**
STREET ADDRESS **6 CONCOURSE PKWY., #3200**
CITY-ST-ZIP **ATLANTA GA 30328**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **GILLAN, JOSEPH P**
STREET ADDRESS **117 S. GADSDEN STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CLAUDIA, DAVANT**
STREET ADDRESS **101 N. MONROE ST STE 700**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **JOHN, MCLAUGHLIN D**
STREET ADDRESS **3025 BRECKINGRIDGE BLVD STE 170**
CITY-ST-ZIP **DULUTH GA 30096**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED **President**

1/15/03 770 284 5493

CR2E037 (10/02)