

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01662

1. Entity Name

FIBER CABLE, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90071 030 ***150.00

Principal Place of Business 4440 PGA BOULEVARD SUITE 600 PALM BEACH GARDENS FL 33410 US	Mailing Address 4440 PGA BOULEVARD SUITE 600 PALM BEACH GARDENS FL 33410-6542 US
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2. Principal Place of Business Same as above	3. Mailing Address Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 63-0855797	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 _____ (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 P	<input type="checkbox"/> Delete
NAME MOODY, KEITH	
STREET ADDRESS 4440 PGA BOULEVARD, SUITE 600	
CITY-ST-ZIP PALM BEACH GARDENS FL 33140	
TITLE VP	<input type="checkbox"/> Delete
NAME PLEDGER, THOMAS	
STREET ADDRESS 4440 PGA BOULEVARD, SUITE 600	
CITY-ST-ZIP PALM BEACH GARDENS FL 33140	
TITLE S	<input type="checkbox"/> Delete
NAME TILLER, MARC	
STREET ADDRESS 4440 PGA BOULEVARD, SUITE 600	
CITY-ST-ZIP PALM BEACH GARDENS FL 33410	
TITLE VPC	<input checked="" type="checkbox"/> Delete
NAME BETLACH, DOUGLAS	
STREET ADDRESS 4440 PGA BOULEVARD, SUITE 600	
CITY-ST-ZIP PALM BEACH GARDENS FL 33410	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME ADAMS, LOUIS	
STREET ADDRESS 450 AUSTRALIAN AVE., STE. 800	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE D	<input type="checkbox"/> Delete
NAME ADAMS, LOUIS JR	
STREET ADDRESS 4440 PGA BLVD. SUITE 600	
CITY-ST-ZIP PALM BEACH GARDENS FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Steven Nielsen	
STREET ADDRESS 4440 PGA Boulevard, Suite 500	
CITY-ST-ZIP Palm Beach Gardens, FL 33410	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Thomas R. Pledger	
STREET ADDRESS 4440 PGA Boulevard, Suite 500	
CITY-ST-ZIP Palm Beach Gardens, FL 33410	
TITLE VACANT	<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	

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: Thomas R Pledger, Vice President 2/14/00 561-627-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)