

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047602

1. Entity Name

MEDIAONE FLORIDA TELECOMMUNICATIONS, INC.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90014 033 \*\*\*150.00

Principal Place of Business Mailing Address  
188 INVERNESS DR W 188 INVERNESS DR W  
STE 600 STE 600  
ENGLEWOOD CO 80112 ENGLEWOOD CO 80112-5202  
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 04-3283052 Applied For Not Applicable

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	JANICE C PETERS	
STREET ADDRESS	188 INVERNESS DR W	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	EV	<input checked="" type="checkbox"/> Delete
NAME	RONALD H COOPER	
STREET ADDRESS	188 INVERNESS DR W	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROBERT P KIKES	
STREET ADDRESS	188 INVERNESS DR W	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRANK M EICHLER	
STREET ADDRESS	188 INVERNESS DR W	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHARON A O'LEARY	
STREET ADDRESS	188 INVERNESS DR W	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	DOUGLAS D HOLMES	
STREET ADDRESS	188 INVERNESS DR W	
CITY-ST-ZIP	ENGLEWOOD CO 80112	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRITER, KARIN M.	
STREET ADDRESS	188 Inverness Drive West	
CITY-ST-ZIP	Englewood, Colorado 80112	
TITLE	VT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTER, RAHN K.	
STREET ADDRESS	188 Inverness Drive West	
CITY-ST-ZIP	Englewood, Colorado 80112	
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: Karin M. Writer Karin M. Writer, Ass't Sec. 1-20-00 303-858-3619  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)