

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072338

1. Entity Name

GROUP LONG DISTANCE, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90004 001 ***450.00

Principal Place of Business

1451 WEST CYPRESS CREEK ROAD
STE 200
FT. LAUDERDALE FL 33309
US

Mailing Address

1451 WEST CYPRESS CREEK ROAD
STE 200
FT. LAUDERDALE FL 33309-2198
US

2. Principal Place of Business

6600 N. Andrews Avenue
Suite, Apt. #, etc.
Suite 140

3. Mailing Address

6600 N. Andrews Avenue
Suite, Apt. #, etc.
Suite 140

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33309

Country

Zip

33309

Country

4. FEI Number

65-0213198

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Name and Address of New Registered Agent

Name: Thomas R. Tatum
Brinkley, McNeerney, Morgan, Solomon & Tatum, LLP
Street Address (P.O. Box Number is Not Acceptable): Suite 1800, New River Center
200 East Las Olas Blvd
City: Fort Lauderdale FL Zip Code: 33301

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

1/20/00

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	PCD	<input checked="" type="checkbox"/> Delete
NAME	DUNNE, GERALD M. JR	
STREET ADDRESS	1379 NW 100TH DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOMLINSON, JOHN	
STREET ADDRESS	500 WEST CYPRESS CREEK RD, STE. 200	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAMES, C. SHELTON	
STREET ADDRESS	310 E ROYAL PALM ROAD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARWOOD, EDWARD	
STREET ADDRESS	4100 GALT OCEAN DR, APT. 614	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TDCF	<input checked="" type="checkbox"/> Delete
NAME	RUSSO, PETER	
STREET ADDRESS	12685 TORBAY DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOTTLIEB, STANLEY	
STREET ADDRESS	403 MARTLING AVE	
CITY-ST-ZIP	TARRYTOWN NY 10591	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Koach, Glenn S	
STREET ADDRESS	7907 SW 3rd CT	
CITY-ST-ZIP	N. Lauderdale FL 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kanfer, Jack	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SCF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hitner, Sam	
STREET ADDRESS	5598 Porto Fino Drive	
CITY-ST-ZIP	Boca Raton, FL 33433	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Koach

Date

1/31/00

Daytime Phone #

954/771-9696

CRP0034 (9/99)