

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072338

1. Entity Name

GROUP LONG DISTANCE, INC.

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90097 001 \*\*\*450.00

25014



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6600 N ANDREWS AVENUE  
SUITE 140  
FT. LAUDERDALE FL 33309  
US

Mailing Address

6600 N ANDREWS AVENUE  
SUITE 140  
FT. LAUDERDALE FL 33309  
US

2. Principal Place of Business

400 E. Atlantic Blvd  
First Floor

3. Mailing Address

400 E. Atlantic Blvd  
First Floor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33060

Country

Zip

33060

Country

4. FEI Number 65-0213198

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

TATUM, THOMAS R  
SUITE 1800, NEW RIVER CENTER  
200 EAST LAS OLAS BLVD  
FORT LAUDERDALE FL 33301

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, 2001 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 ☐ Delete  
NAME KOACH, GLENN S  
STREET ADDRESS 7907 SW 3RD CT  
CITY-ST-ZIP N LAUDERDALE FL 33068

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

TITLE D ☐ Delete  
NAME TOMLINSON, JOHN  
STREET ADDRESS 500 WEST CPYRESS CREEK RD, STE. 200  
CITY-ST-ZIP FT LAUDERDALE FL 33309

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

TITLE D ☐ Delete  
NAME KANFER, JACK  
STREET ADDRESS 310 E ROYAL PALM ROAD  
CITY-ST-ZIP BOCA RATON FL 33432

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

TITLE D ☐ Delete  
NAME HARWOOD, EDWARD  
STREET ADDRESS 4100 GALT OCEAN DR, APT. 614  
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE SCF ☐ Delete  
NAME HITNER, SAM  
STREET ADDRESS 5598 PORTO FINO DRIVE  
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE D ☐ Delete  
NAME GOTTLIEB, STANLEY  
STREET ADDRESS 403 MARTLING AVE  
CITY-ST-ZIP TARRYTOWN NY 10591

TITLE ☐ Change ☐ 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

1/29/01  
Date

954/788-7871  
Daytime Phone #

CR2E034 (10/00)