

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90722 049 \*\*\*150.00

**DOCUMENT # P95000072338**

**1. Entity Name**  
**GROUP LONG DISTANCE, INC.**

**Principal Place of Business**

**400 E ATLANTIC BLVD**  
**FIRST FLOOR**  
**POMPANO BEACH FL 33060**  
**US**

**Mailing Address**

**400 E ATLANTIC BLVD**  
**FIRST FLOOR**  
**POMPANO BEACH FL 33060**  
**US**

**2. Principal Place of Business**

**9500 Toledo Way**

Suite, Apt. #, etc.

**3. Mailing Address**

**9500 Toledo Way**

Suite, Apt. #, etc.

**City & State**

**Irvine, CA**

**Zip**

**92618-1806**

**Country**

**USA**

**City & State**

**Irvine, CA**

**Zip**

**92618-1806**

**Country**

**USA**

**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

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

## 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**

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, 2002 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** **PD** ☐ Delete  
**NAME** **KOACH, GLENN S**  
**STREET ADDRESS** **7907 SW 3RD CT**  
**CITY-ST-ZIP** **N LAUDERDALE FL 33068**

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

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

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

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

**TITLE** **D** ☒ 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** ☒ Change ☐ Addition  
**NAME** **Koach, Glenn S.**  
**STREET ADDRESS** **9500 Toledo Way**  
**CITY-ST-ZIP** **Irvine, CA 92618-1806**

**TITLE** **ST** ☐ Change ☒ Addition  
**NAME** **James L. Stock**  
**STREET ADDRESS** **9500 Toledo Way**  
**CITY-ST-ZIP** **Irvine, CA 92618-1806**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **Jerry Conrad**  
**STREET ADDRESS** **9500 Toledo Way**  
**CITY-ST-ZIP** **Irvine, CA 92618-1806**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **Peter Wachtell**  
**STREET ADDRESS** **9500 Toledo Way**  
**CITY-ST-ZIP** **Irvine, CA 92618-1806**

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

**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/02 949-588-5142

CR2E034 (9/01)