

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90037 002 ***150.00

DOCUMENT # P95000091758

1. Entity Name

ROOT COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

139 EXECUTIVE CENTER DR
 203
 DAYTONA BEACH FL 32114
 US

PO BOX 2860
 DAYTONA BEACH FL 32120-2860
 US

2. Principal Place of Business

Two Bala Plaza

3. Mailing Address

Two Bala Plaza

Suite, Apt. #, etc.

Suite 801

Suite, Apt. #, etc.

Suite 801

City & State

Bala Cynwyd PA

City & State

Bala Cynwyd PA

Zip

19004

Country

USA

Zip

19004

Country

USA

4. FEI Number

59-3346050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Added to Fee

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VOGES, WILLIAM J	
STREET ADDRESS	139 EXECUTIVE CIRCLE, SUITE 203	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SAVADOVE, DANIEL C	
STREET ADDRESS	139 EXECUTIVE CIRCLE, SUITE 203	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCGRANE, RICHARD L	
STREET ADDRESS	139 EXECUTIVE CENTER DR STE 203	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	POIRIER, NANCY	
STREET ADDRESS	139 EXECUTIVE CENTER DR STE 203	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROOT, JOHN S	
STREET ADDRESS	139 EXECUTIVE CENTER DR STE 203	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, RIORDAN B	
STREET ADDRESS	139 EXECUTIVE CENTER DR STE 203	
CITY-ST-ZIP	DAYTONA BCH FL 32114	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	275 Clyde Morris Blvd	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	Two Bala Plaza Suite 801	
CITY-ST-ZIP	Bala Cynwyd PA 19004	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	Two Bala Plaza Suite 801	
CITY-ST-ZIP	Bala Cynwyd, PA 19004	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Rachel M. LaChance	
STREET ADDRESS	281 Iron Lake Drive	
CITY-ST-ZIP	Exton, PA 19341	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	275 Clyde Morris Blvd	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	50 Kennedy Plaza	
CITY-ST-ZIP	Providence, RI 02903	

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard L. McGrane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

610 660-0

Daytime Phone #

X