

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093582

1. Entity Name

NETSPEAK CORPORATION

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

03-04-2000 90056 020 \*\*\*150.00

Principal Place of Business

Mailing Address

902 CLINT MOORE ROAD  
SUITE 104  
BOCA RATON FL 33487

902 CLINT MOORE ROAD  
SUITE 104  
BOCA RATON FL 33487-2846

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0627616**

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

**B & C CORPORATE SERVICES, INC.**  
**201 S BISCAYNE BLVD**  
**SUITE 3000**  
**MIAMI FL 33131**

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	C	<input checked="" type="checkbox"/> Delete
NAME	COHEN, STEPHEN R	
STREET ADDRESS	18703 LONG LAKE DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, ROBERT	
STREET ADDRESS	501 S. OCEAN BLVD., UNIT 101	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	<del>KAUFMAN, HARVEY</del>	<input type="checkbox"/> Delete
NAME	KAUFMAN, HARVEY	
STREET ADDRESS	2000 S. OCEAN BLVD., APT. 17-C	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MATTAWAY, SHANE	
STREET ADDRESS	1270 NW 8TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, A. JEFFRY	
STREET ADDRESS	201 S. BISCAYNE BLVD., SUITE 3000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	<del>STATEN, JOHN W.</del>	<input type="checkbox"/> Delete
NAME	STATEN, JOHN W.	
STREET ADDRESS	19626 STAR ISLAND DR	
CITY-ST-ZIP	BOCA RATON FL 33498	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>GOLDBERG, MICHAEL</del>	
STREET ADDRESS	<del>320 PARK AVENUE - 24th FL.</del>	
CITY-ST-ZIP	<del>NEW YORK, N.Y. 10022</del>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARHART, STEVEN	
STREET ADDRESS	1303 EAST ALGONQUIN Rd. 9th FL	
CITY-ST-ZIP	SCHAUMBURG, IL 60015	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTERACKI, SCOTT	
STREET ADDRESS	20 CABOT BLVD	
CITY-ST-ZIP	HANSFIELD, MA 02048	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUH, MARTIN	
STREET ADDRESS	2301 TOWNGATE Rd.	
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361	
TITLE	C, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael R. Rich	
STREET ADDRESS	19650 ESTUARY DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33498	
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 withal other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John W. Staten**

Date

**2/23/00**

Daytime Phone #

**(561) 998-8760**

CR2E034 (9/99)