

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090224

1. Entity Name
TELECOMMUNICATIONS OF CENTRAL FLORIDA, INC.

Principal Place of Business
217 AMERICAN WAY
DAYTONA BEACH FL 32119-1462

Mailing Address
217 AMERICAN WAY
DAYTONA BEACH FL 32119-1462

2. Principal Place of Business
101 HAYS STREET
Suite, Apt. #, etc.
101 HAYS
City & State
TALLAHASSEE, FLORIDA
Zip 32301 Country USA

3. Mailing Address
101 HAYS STREET
Suite, Apt. #, etc.
101 HAYS
City & State
TALLAHASSEE, FLORIDA
Zip 32301 Country USA

6. Name and Address of Current Registered Agent
COSTA, RAUL S
217 AMERICAN WAY
DAYTONA BEACH FL 32119-1462

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 *Laura R. Dunlap*
(Signature, typed or printed name of registered agent and title if applicable.)

Laura R. Dunlap
as its agent
(NOTE: Registered Agent signature required when reinstating)

8/30/01
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

TITLE D
NAME COSTA, RAUL S
STREET ADDRESS 217 AMERICAN WAY
CITY-ST-ZIP DAYTONA BEACH FL 32119-1462

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ROBERT B. SEGAL
STREET ADDRESS WELFARE ROAD #12
CITY-ST-ZIP ST. MAARTEN, NETHERLANDS ANTILLES

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000004586471--6
-09/13/01-01010-025
****558.75 ****558.75

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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: *Laura R. Dunlap*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/01 011-589-544-5447

Date Daytime Phone #

000781

CR2004 (10/00)