

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

~~DAYTONA~~ 1201 HAYS STREET

3. Mailing Address

1201 HAYS STREET

Suite, Apt. #, etc.

~~1201 HAYS STREET~~

Suite, Apt. #, etc.

City & State
TALLAHASSEE, FLORIDA

City & State
TALLAHASSEE, FLORIDA

Zip

32301

Country

USA

Zip

32301

Country

USA

4. FEI Number 65-0721131

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Numbers Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301

7. Name and Address of New Registered Agent

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*

Laura R. Dunlap
as its agent

8/30/01

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent is 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)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, RAUL S 217 AMERICAN WAY DAYTONA BEACH FL 32119-1462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT B. SEARL WELFARE ROAD #12 ST. MAARTEN, NETHERLANDS ANTILLES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LESLIE J. LEVINSON WELFARE ROAD #12 ST. MAARTEN, NETHERLANDS ANTILLES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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****558.75 ****558.75

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

011-599-544-5447

Date

Daytime Phone #

0007081

CR2E034 (10/00)