

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036011

1. Entity Name

GLD, GROUP LONG DISTANCE, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90004 001 \*\*\*450.00

Principal Place of Business

Mailing Address

1451 W CYPRESS CREEK ROAD  
SUITE 200  
FORT LAUDERDALE FL 33309

1451 W CYPRESS CREEK ROAD  
SUITE 200  
FORT LAUDERDALE FL 33309-2188

2. Principal Place of Business

3. Mailing Address

6600 N. Andrews Avenue

6600 N. Andrews Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 140

Suite 140

City & State

City & State

Fort Lauderdale FL

Fort Lauderdale FL

Zip

Zip

33309

33309

Country

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0747397

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

GROUP LONG DISTANCE, INC.  
1451 W CYPRESS CREEK ROAD  
SUITE 200  
FORT LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

6600 N. Andrews Avenue

Suite 140

City

Fort Lauderdale

FL

Zip Code

33309

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	DP	<input checked="" type="checkbox"/> Delete
NAME	DUNNE, GERALD M JR	
STREET ADDRESS	1451 W CYPRESS CREEK RD, STE 200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RUSSO, PETER	
STREET ADDRESS	1451 W CYPRESS CREEK RD, STE. 200	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HITNER, SAM	
STREET ADDRESS	1451 W CYPRESS CREEK RD, STE. 200	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Koach, Glenn S	
STREET ADDRESS	6600 N. Andrews Avenue, Ste 140	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6600 N. Andrews Avenue, Ste 140	
CITY-ST-ZIP	Fort Lauderdale FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Koach

1/31/00

954/771-9696

Date

Daytime Phone #

CR2E034 (9/99)