2000 UNIFORM BUSINESS REPORT (UBR) 7/ FILED Aug 03, 2000 8:00 am Secretary of State DOCUMENT # **P97000084965** LOCAL TELEPHONE COMPANY, INC. 07-12-2000 90004 011 \*\*\*550.00 Mailing Address Principal Place of Business 1101 GULF BREEZE PKWY 1101 GULF BREEZE PKWY 109 GULF BREEZE FL 32561-4859 GULF BREEZE FL 32561 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State APPLIED FOR 57-3508341 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, FRANK Simber is Not Acceptable) 33 GULF BREEZE PARKWAY **GULF BREEZE FL 32561** FEI # 59-3508341 FI 8. The above named entity submits this state t, or both, in the State of Florida SIGNATURE Signature, typed or printed name of regis tating) DATE 9. This corporation is eligible to satisfy its Inta 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution (See criteria on back) TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **OFFICERS** 11 ☐ Addition TITLE <u>5)</u> NAME Brown, Frank Breeze Pkwy. Suite 109 STREET ADDRESS 33 GULF BREEZE PKWY CITY-ST-ZIP LECT ! **GULF BREEZE FL 32561** \_\_\_ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 13. I nereby 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 of the corporation or the richanged, or on an attache ent with an address SIGNATURE: