

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091365

1. Entity Name

NETWORK TELEPHONE CORPORATION

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90008 019 ***150.00

Principal Place of Business

Mailing Address

119 W. INTENDENCIA ST
 PENSACOLA FL 32501
 US

P.O. BOX 12063
 PENSACOLA FL 32590-2063
 US

2. Principal Place of Business

3. Mailing Address

815 S. Palafox St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

4. FEI Number

59-3477521

Applied For

Not Applicable

Zip

32501

Country

US

Zip

Country

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

LOZIER, DANIEL R
 125 W. ROMANA ST., STE. 224
 PENSACOLA FL 32501

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	DP	<input type="checkbox"/> Delete
NAME	RUSSENBERGER, RAY	
STREET ADDRESS	804 S PALAFOX ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	MATTHEWS, JOHNNY	
STREET ADDRESS	804 S PALAFOX ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	815 S Palafox St	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	815 S Palafox St	
CITY-ST-ZIP		
TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Fowler, Jr.	
STREET ADDRESS	815 S Palafox Street	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen Davis	
STREET ADDRESS	815 S Palafox Street	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Emeline	
STREET ADDRESS	815 S Palafox Street	
CITY-ST-ZIP	Pensacola, FL 32501	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

(850) 469-9904

Daytime Phone #