

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063165

1. Entity Name

THE REAL PUBLIC TELEPHONE COMPANY

FILED

May 30, 2000 8:00 am  
Secretary of State

05-30-2000 90074 016 \*\*\*550.00

Principal Place of Business Mailing Address  
3599 W. LAKE MARY BLVD., STE. E 3599 W. LAKE MARY BLVD., STE. E  
LAKE MARY FL 32746 LAKE MARY FL 32746-3417

2. Principal Place of Business 3. Mailing Address  
3599 W. Lake Mary Blvd. SAME  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite E SAME  
City & State City & State  
Lake Mary, FL SAME  
Zip Country Zip Country  
32746 Seminole SAME SAME



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3587741 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
PANZL, JOSEPH R ESQ.  
111 N. ORANGE AVE., STE. 900  
ORLANDO FL 32801

7. Name and Address of New Registered Agent  
Name N/A  
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  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
President Elder N. Ripper 3599 W. Lake Mary Blvd., Suite E Lake Mary, FL 32746  
Vice-President Joseph R. Panzi 3599 W. Lake Mary Blvd., Suite E  
Secretary/Treasurer Elder N. Ripper PLEASE SEE ABOVE  
ASSISTANT SECRETARY Joseph R. Panzi PLEASE SEE ABOVE  
Director Elder N. Ripper PLEASE SEE ABOVE

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition

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] 5/10/00 407-328-5002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/99)