

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90030 013 ***150.00

DOCUMENT # P99000111882

1. Entity Name

INTERMEDIA FINANCIAL COMPANY

Principal Place of Business

Mailing Address

3625 QUEEN PALM DR
 TAMPA FL 33619

3625 QUEEN PALM DR
 TAMPA FL 33619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

ONE INTERMEDIA WAY
 Suite, Apt. #, etc.

ONE INTERMEDIA WAY
 Suite, Apt. #, etc.

City & State

FL

TAMPA

City & State

FL

TAMPA

4. FEI Number

59-3617201

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

Name

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

City

FL

Zip Code

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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	PCEO	<input checked="" type="checkbox"/> Delete
NAME	RUBERG, DAVID C	
STREET ADDRESS	3625 QUEEN PALM DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VTAS	<input checked="" type="checkbox"/> Delete
NAME	MANNING, ROBERT M	
STREET ADDRESS	3625 QUEEN PALM DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VAT	<input checked="" type="checkbox"/> Delete
NAME	KURLIN, PATRICIA A	
STREET ADDRESS	3625 QUEEN PALM DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, JEANNE M	
STREET ADDRESS	3625 QUEEN PALM DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Addition
NAME	NINA J. ARGIRY	
STREET ADDRESS	ONE INTERMEDIA WAY	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VP/IT/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMIE HANKINSON	
STREET ADDRESS	ONE INTERMEDIA WAY	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VP/IT/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL DRAVER	
STREET ADDRESS	ONE INTERMEDIA WAY	
CITY-ST-ZIP	TAMPA FL 33647	
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 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:

MICHAEL DRAVER

4-28-00

813-824-2144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)