## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED **DOCUMENT # \$80206** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name KNOLOGY OF PANAMA CITY, INC. 04-26-2000 90082 015 \*\*\*150.00 Mailing Address Principal Place of Business 13200 BACK BEACH RD. 1241 OG SKINNER DR PANAMA CITY BEACH FL 32407 WEST POINT GA 31833-1789 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3087861 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2607 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. P/CED DPC TITLE 🗙 Change ☐ Addition Delete TITLE ROOGER L. JOHNSON MORROW, WILLIAM E NAME NAME 1241 O.G. SKINNER DRIVE STREET ADDRESS STREET ADDRESS 1241 OG SKINNER DR WEST POINT, GA 31833 CITY-ST-ZIP CITY-ST-ZIP WEST POINT GA 31833 X Addition VP/CFO/T ☐ Change **PCDO** ☐ Delete TITLE TITLE ROBBET K. MIUS JOHNSON, RODGER MAME 1241 O.G. SKINNER DRIVE 1241 OG SKINNER DR STREET ADDRESS STREET ADDRESS WEST POINT, BA 31833 CITY-ST-7(P CITY-ST-ZIP **WEST POINT GA 31833** M Change ☐ Addition ASST ☐ Delete TITLE TITLE FEUX L. BUCCUCCI, JR. BOCCUCCI, FELIX L. JR. NAME NAME 1241-0-6. SKINNER DRIVE -STREET ADDRESS -STREET ADDRESS 4116 HWY 231 N CITY-ST-ZIP CITY-ST-ZIP WEST POINT, GA 31833 PANAMA CITY FL 32404 ☐ Addition ☐ Change ☐ Delete TITLE TITLE SCOTT, WILLIAM H. NAME NAME STREET ADDRESS STREET ADDRESS 312 WEST 8TH ST CITY-ST-ZIP CITY-ST-ZIP WEST POINT GA 31833 TITLE Change ☐ Addition Delete TITLE NAME CAMPBELLS, LANIER III NAME STREET ADDRESS STREET ADDRESS 312 WEST 8TH ST CITY-ST-ZIP CITY-ST-ZIP WEST POINT GA 31833 VP / 3 X Addition ☐ Change D... TITLE X Delete TITLE

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 receive, 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 pure like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

WEBBER, DONALD

1241 OG SKINNER DRIVE

**WEST POINT GA 31833** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 17 00

CHAO S. WHACTER

1241 0.6. SILINNEL DRIVE

WEST POINT, GA 31833

(704) 445-8553

Daytime Phone #