

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V07356

1. Entity Name  
ADELPHIA BUSINESS SOLUTIONS OF JACKSONVILLE, INC

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91349 042 \*\*\*150.00

Principal Place of Business  
1 NORTH MAIN ST  
COUDERSPORT PA 16915  
US

Mailing Address  
1 NORTH MAIN ST  
COUDERSPORT PA 16915  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3116083		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY (CSC) 1201 HAYS STREET TALLAHASSEE FL 32301				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIGAS, JOHN J		NAME		
STREET ADDRESS	1 NORTH MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	COUDERSPORT PA 16915		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIGAS, MICHAEL J		NAME		
STREET ADDRESS	1 NORTH MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	COUDERSPORT PA 16915		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIGAS, JAMES P		NAME		
STREET ADDRESS	1 NORTH MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	COUDERSPORT PA 16915		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIGAS, TIMOTHY J.		NAME		
STREET ADDRESS	1 NORTH MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	COUDERSPORT PA 16915		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BABCOCK, EDWARD E JR.		NAME		
STREET ADDRESS	1 NORTH MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	COUDERSPORT PA 16915		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLICKSMAN, JOHN B		NAME		
STREET ADDRESS	1 NORTH MAIN ST.		STREET ADDRESS		
CITY-ST-ZIP	COUDERSPORT PA 16915		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] Date: 2/21/01 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)