

2000 UNIFORM BUSINESS REPORT (UBR)

0015111 1415100

APPROVED
AND
FILED

00 MAR 30 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA *my 4/10*



DO NOT WRITE IN THIS SPACE

DOCUMENT # A27382

1. Entity Name
NTS-PROPERTIES ASSOCIATES IV, LTD.

Principal Place of Business
**10172 LINN STATION ROAD
LOUISVILLE KY 40223**

Mailing Address
**10172 LINN STATION ROAD
LOUISVILLE KY 40223-3887**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **61-1026355** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$200.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	NICHOLS, J.D. 10172 LINN STATION RD LOUISVILLE KY	STREET ADDRESS CITY - ST - ZIP	300003213903-9 -04/19/00--01014--001 ***1091.25 *****141.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F94000004220 ALLIANCE REALTY CORP. 500 N BROADWAY ST. LOUIS MO	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P05990 NTS CAPITAL CORPORATION 10172 LINN STATION RD LOUISVILLE KY	STREET ADDRESS CITY - ST - ZIP	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: By: *NTS Capital Corporation, General Partner*
Susan M. Howard **3/2/00** **(502) 426-4800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *Secretary* Date Daytime Phone #

CR2E003 (9/99)