

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31886

1. Entity Name

LAKE FOREST MASTER COMMUNITY ASSOCIATION, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90061 029 ****61.25

Principal Place of Business C/O NTS CORPORATION 10172 LINN STATION RD LOUISVILLE KY 40223-3887	Mailing Address C/O NTS CORPORATION 10172 LINN STATION RD LOUISVILLE KY 40223-3887
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 61-1163762	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEMPLETON, MARGARET O.
5350 SHORELINE CIRCLE
LAKE FOREST FL 32771

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE DC	<input type="checkbox"/> Delete
NAME NICHOLS, J.D.	
STREET ADDRESS 10172 LINN STATION RD.	
CITY-ST-ZIP LOUISVILLE KY	
TITLE VPS	<input type="checkbox"/> Delete
NAME HOWARD, SUSAN M	
STREET ADDRESS 10172 LINN STATION RD	
CITY-ST-ZIP LOUISVILLE KY	
TITLE DVC	<input checked="" type="checkbox"/> Delete
NAME GOOD, RICHARD L.	
STREET ADDRESS 10172 LINN STATION RD.	
CITY-ST-ZIP LOUISVILLE KY	
TITLE VPT	<input type="checkbox"/> Delete
NAME MITCHELL, NEIL A	
STREET ADDRESS 10172 LINN STATION RD.	
CITY-ST-ZIP LOUISVILLE KY	
TITLE DSVP	<input type="checkbox"/> Delete
NAME ADAMS, GARY D	
STREET ADDRESS 10172 LINN STATION ROAD	
CITY-ST-ZIP LOUISVILLE KY	
TITLE P	<input type="checkbox"/> Delete
NAME TEMPLETON, MARGARET O.	
STREET ADDRESS 5350 SHORELINE CIRCLE	
CITY-ST-ZIP LAKE FOREST FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D	
STREET ADDRESS D	
CITY-ST-ZIP D	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Brian F. Lavin	
STREET ADDRESS 10172 Linn Station Road	
CITY-ST-ZIP Louisville, KY	
TITLE SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SVP	
STREET ADDRESS SVP	
CITY-ST-ZIP SVP	
TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DP	
STREET ADDRESS DP	
CITY-ST-ZIP DP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan M. Howard, Sec 2/21/00 (502) 426-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/99)