

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90121 046 \*\*\*\*61.25

DOCUMENT # **N31886**  
 1. **LAKE FOREST MASTER COMMUNITY ASSOCIATION, INC.**

Principal Place of Business: **c/o NTS Corporation, 10172 Linn Station Rd., Louisville, KY 40223**  
 Mailing Address: **c/o NTS Corporation, 10172 Linn Station Rd., Louisville, KY 40223**

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number **61-1163762** | Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**ADAMS, GARY D.**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DC	<input type="checkbox"/> Delete
NAME	<b>NICHOLS, J. D.</b>	
STREET ADDRESS	<b>10172 LINN STATION RD.</b>	
CITY-ST-ZIP	<b>LOUISVILLE, KY 40223</b>	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	<b>HOWARD, SUSAN M.</b>	
STREET ADDRESS	<b>10172 LINN STATION RD.</b>	
CITY-ST-ZIP	<b>LOUISVILLE, KY 40223</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>LAVIN, BRIAN F.</b>	
STREET ADDRESS	<b>10172 LINN STATION RD.</b>	
CITY-ST-ZIP	<b>LOUISVILLE, KY 40223</b>	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	<b>MITCHELL, NEIL A.</b>	
STREET ADDRESS	<b>10172 LINN STATION RD.</b>	
CITY-ST-ZIP	<b>LOUISVILLE, KY 40223</b>	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	<b>ADAMS, GARY D.</b>	
STREET ADDRESS	<b>5350 SHORELINE CIRCLE</b>	
CITY-ST-ZIP	<b>LAKE FOREST, FL 32771</b>	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>TEMPLETON, MARGARET O.</b>	
STREET ADDRESS	<b>5350 SHORELINE CIRCLE</b>	
CITY-ST-ZIP	<b>LAKE FOREST, FL 32771</b>	

TITLE	D	<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WELLS, GREGORY A.</b>	
STREET ADDRESS	<b>10172 LINN STATION RD.</b>	
CITY-ST-ZIP	<b>LOUISVILLE, KY 40223</b>	

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 VP/Sec Susan M. Howard, VP/Sec 4/9/01 (502) 426-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)