

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90115 039 \*\*\*150.00

DOCUMENT # **P05990** ✓  
 1. Entity Name  
**NTS Capital Corporation**

Principal Place of Business Mailing Address  
**10172 Linn Station Road 10172 Linn Station Road**  
**Louisville KY 40223 Louisville KY 40223**

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

4. FEI Number **01-09102230** 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  
**OT Corporation System**  
**1200 South 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 \_\_\_\_\_ 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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	JD Nichols	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	John W. Hampton	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	SUPS	<input checked="" type="checkbox"/> Delete
NAME	Gregory A. Compton	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Richard L. Good	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	EXVP	<input type="checkbox"/> Delete
NAME	Brian F. Lavin	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	Bradley J DeVries	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	

TITLE		<input 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	Gregory A. Wells	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Adams	
STREET ADDRESS	407 Wekiva Springs Rd. Ste 213	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan M. Howard	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian F. Lavin	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neil A. Mitchell	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	

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: **Susan M. Howard VP/Sec** **Susan M. Howard, VP/Sec** 4/11/00 (502)426-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)