

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90116 016 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P10105**

1. Entity Name

**BOYD/SOBIERAY ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

9365 COUSELORS ROW  
 SUITE 300  
 INDIANAPOLIS IN 46240  
 US

9365 COUSELORS ROWS  
 SUITE 300  
 INDIANAPOLIS IN 46240  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**35-1323170**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **XX**

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back.) **XX**

**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: PD  
 NAME: HOOVER, MOTE L  
 STREET ADDRESS: 12534 ANCHORAGE WAY  
 CITY-ST-ZIP: FISHERS IN  Delete

TITLE: PD  
 NAME: HOOVER, MONTE L  
 STREET ADDRESS: 12534 ANCHORAGE WAY  
 CITY-ST-ZIP: FISHERS, IN 46038  Change  Addition

TITLE: CD  
 NAME: ALTEMEYER, DONALD B.  
 STREET ADDRESS: 5601 WASHINGTON BLVD.  
 CITY-ST-ZIP: INDIANAPOLIS IN  Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: SD  
 NAME: REED, SAMUEL J  
 STREET ADDRESS: 5860 E 79TH ST  
 CITY-ST-ZIP: INDIANAPOLIS IN 46250  Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: TD  
 NAME: FETZ, RICHARD A  
 STREET ADDRESS: 7652 PINESPRING WEST DR  
 CITY-ST-ZIP: INDIANAPOLIS IN  Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: T  
 NAME: BOYD, ROBERT B  
 STREET ADDRESS: 6810 SHADELAND AVE  
 CITY-ST-ZIP: INDIANAPOLIS IN  Delete

TITLE: VD  
 NAME: SIGMAN, WILLIAM A.  
 STREET ADDRESS: 7403 HAZELWOOD AVE.  
 CITY-ST-ZIP: INDIANAPOLIS, IN 46260  Change  Addition

TITLE: T  
 NAME: BOYD, ROBERT B  
 STREET ADDRESS: 9365 COUNSELORS ROW STE 300  
 CITY-ST-ZIP: INDIANAPOLIS IN 46240  Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

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: *Robert B. Boyd*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Robert B. Boyd**  
 Assistant Treasurer

04/10/00  
 Date

317-819-7878  
 Daytime Phone #

CR2E034 (9/99)