

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90199 004 \*\*\*\*61.25

**DOCUMENT # 700647**

1. Entity Name

**THE STORY, INC.**

Principal Place of Business

C/O CHRIST INC.  
 3801 HARRODSBURG RD.  
 LEXINGTON KY 40513  
 US

Mailing Address

P.O. BOX 3000  
 LEXINGTON KY 40533  
 US

**U0053447**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**61-0670079**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHARPTON, A E**  
**111 A WEST TERRACE DRIVE**  
**PLANT CITY FL 33566**

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

**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	P	<input type="checkbox"/> Delete
NAME	TURKINGTON, WILL	
STREET ADDRESS	3433 OAKBROOK DR	
CITY-ST-ZIP	LEXINGTON KY 40515	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARPTON, A E	
STREET ADDRESS	111 A WEST TERR DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERTRAM, BARRY	
STREET ADDRESS	1505 PARKVIEW DR	
CITY-ST-ZIP	CAMPBELLSVILLE KY	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILPOT, TIM	
STREET ADDRESS	870 CORPORATE DR. STE. #200	
CITY-ST-ZIP	LEXINGTON KY 40533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 info empowered.

SIGNATURE:

*Will Turkington*  
 President

4/25/01 859-271-1735

CR2E037 (10/00)