

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832477

1. Entity Name

WHITEHOUSE, IRVIN H. & SONS COMPANY

Principal Place of Business

Mailing Address

4600 JENNINGS LANE  
P O BOX 32670  
LOUISVILLE KY 40232

P.O. BOX 32670  
LOUISVILLE KY 40232-2670  
US

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 61-0433220

Applied For

Not Applicable

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

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) ☒

**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 CPD  
NAME CARPENTER, ALFRED K ☐ Delete  
STREET ADDRESS 2300 WATERFRONT PLAZA  
CITY-ST-ZIP LOUISVILLE KY

TITLE ST  
NAME John S. Carpenter ☐ Change ☒ Addition  
STREET ADDRESS 7313 Arrowwood Road  
CITY-ST-ZIP Louisville, KY 40222

TITLE ST  
NAME CHAMBERLAIN, SUSAN A ☒ Delete  
STREET ADDRESS 208 S. MADISON AVE  
CITY-ST-ZIP MIDDLETOWN KY 40243

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

TITLE D M  
NAME ULLUM, STEPHEN J ☐ Delete  
STREET ADDRESS 7 THEATER SQUARE  
CITY-ST-ZIP LOUISVILLE KY 40202

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

TITLE D  
NAME COWLEY, HAROLD E ☐ Delete  
STREET ADDRESS 212 MULBERRY STREET  
CITY-ST-ZIP ELIZABETHTOWN KY

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

TITLE D  
NAME MILLER, DONALD ☐ Delete  
STREET ADDRESS 120 E. WATERLOO STREET  
CITY-ST-ZIP CANAL WINCHESTER OH

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

TITLE D  
NAME JONES, ROBERT ☐ Delete  
STREET ADDRESS 5407 NAVAJO RD  
CITY-ST-ZIP LOUISVILLE KY

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Carpenter

6/30/00

Date

502-906-4176

Daytime Phone #

FILED  
Jun 30, 2000 8:00 am  
Secretary of State

06-30-2000 90001 037 \*\*\*558.75

DO NOT WRITE IN THIS SPACE