

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841667

1. Entity Name

MORTGAGE & INVESTMENT COMPANY OF PADUCAH

Principal Place of Business

934 BROADWAY
PADUCAH KY 42002
US

Mailing Address

P.O. BOX 7445
934 BROADWAY
PADUCAH KY 42002-7445
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 61-0663727

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

AVEDISIAN, ELISABETH B.
7795 PINE TRACE
SARASOTA FL 34243

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------------|---|--|
| TITLE | PTDS | TITLE | |
| NAME | AVEDISIAN, ELIZABETH B | NAME | |
| STREET ADDRESS | 1324 JEFFERSON ST | STREET ADDRESS | |
| CITY-ST-ZIP | PADUCAH, KY 00000 | CITY-ST-ZIP | |
| TITLE | ST | TITLE | |
| NAME | STEVENS, CLYDE B. | NAME | |
| STREET ADDRESS | O.I., BOX 7445, 934 BROADWAY | STREET ADDRESS | |
| CITY-ST-ZIP | PADUCAH KY | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
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| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:

Clyde B. Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-2000

Date

(270) 442-4379

Daytime Phone #

CR2E034 (9/99)