

# 2002 UNIFORM BUSINESS REPORT (UBR)

0019579 AB

DOCUMENT # **A17607**

1. Entity Name  
**NTS/FORT LAUDERDALE, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 12 PM 2:05

Principal Place of Business <b>C/O NTS CORPORATION 10172 LINN STATION RD. LOUISVILLE KY 40223</b>	Mailing Address <b>C/O NTS CORPORATION 10172 LINN STATION RD. LOUISVILLE KY 40223</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2002</b>	
4. FEI Number <b>61-1057343</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
  
**ADAMS, GARY D  
% UNIVERSITY BUSINESS CENTER  
3300 UNIVERSITY BLVD.  
WINTER PARK FL 32792**

**7. Name and Address of New Registered Agent**  
Name **Adams, Gary D.**  
Street Address (P.O. Box Number is Not Acceptable) **5350 Shoreline Circle**  
City **Lake Forest** FL Zip Code **32771**

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.

9. Capital Contributions as Shown on record. <b>\$1,335,636.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	NICHOLS, J.D. 10172 LINN STATION ROAD LOUISVILLE KY 40223		STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
DOCUMENT #	ADAMS, GARY D. 5350 SHORELINE CIR. SANFORD FL 32771		STREET ADDRESS	100004949271--2
NAME			CITY-ST-ZIP	02/10/02 01071 004
STREET ADDRESS				*****526.25 *****526.25
DOCUMENT #	P05990 NTS CAPITAL CORPORATION 10172 LINN STATION RD. LOUISVILLE KY 40223		STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
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NAME			CITY-ST-ZIP	
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STREET ADDRESS				
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NAME			CITY-ST-ZIP	
STREET ADDRESS				

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *By: Susan M. Howard* **NTS Capital Corporation** **SIGNATURE REQUIRED** *Susan M. Howard* 1/31/02 (502) 426-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)