

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # **A24912**

1. Entity Name
NTS-PROPERTIES ASSOCIATES VI, LTD.

00 MAR 30 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/10



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**10172 LINN STATION ROAD
LOUISVILLE KY 40223**

Mailing Address
**10172 LINN STATION ROAD
LOUISVILLE KY 40223-3887**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **61-1066061**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
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. Capital Contributions as Shown on record. **\$275.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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	
DOCUMENT #	
NAME	NICHOLS, J.D.
STREET ADDRESS	10172 LINN STATION RD.
CITY - ST - ZIP	LOUISVILLE KY
DOCUMENT #	
NAME	GOOD, RICHARD L.
STREET ADDRESS	10172 LINN STATION RD.
CITY - ST - ZIP	LOUISVILLE KY
DOCUMENT #	P05990
NAME	NTS CAPITAL CORPORATION
STREET ADDRESS	10172 LINN STATION RD.
CITY - ST - ZIP	LOUISVILLE KY
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	200003213892-5
CITY - ST - ZIP	-04/19/00--01014--001
	***1091.25 ***141.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

CR2E003 (9/99)

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** *Susan M. Howard* **Secretary** **3/2/00** **(502)426-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #