

AMENDED \$61.25 fee required
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F00000007037**

1. Entity Name

Riley Whittle, Inc.

Principal Place of Business Mailing Address
 2 Plum Street 2 Plum Street
 Wilder, KY 41076 Wilder, KY 41076

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 61-0609874
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 CT Corporation System
 1220 South Pine Island Road
 Plantation, FL 33324
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 100004673591
 -11/09/01--01011--003
 City *****61.25 Zip *****61.25

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, 2001 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

TITLE D
 NAME Fister, Christopher L.
 STREET ADDRESS 2 Plum Street
 CITY-ST-ZIP Wilder, KY 41076 ☒ Delete

TITLE S
 NAME Fister, C.L.
 STREET ADDRESS 2 Plum Street
 CITY-ST-ZIP Wilder, KY 41076 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
 NAME Schuler, William M. ☒ Change ☐ Addition
 STREET ADDRESS 2 Plum Street
 CITY-ST-ZIP Wilder, KY 41076

TITLE V
 NAME Tate, John M. ☐ Change ☒ Addition
 STREET ADDRESS 2 Plum Street
 CITY-ST-ZIP Wilder, KY 41076

TITLE S
 NAME Slaughter, Timothy P. ☐ Change ☒ Addition
 STREET ADDRESS 2 Plum Street
 CITY-ST-ZIP Wilder, KY 41076

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

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

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 no address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.M. Schuler, President

FILED

01 OCT 22 PM 12:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)