

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000007196

1. Entity Name

AMERICAN PRINTING HOUSE FOR THE BLIND, INC.

Principal Place of Business

1839 FRANKFORT AVENUE
LOUISVILLE KY 40206

Mailing Address

1839 FRANKFORT AVENUE
LOUISVILLE KY 40206

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TINSLEY, REABLE G
1011 DARTMOUTH DRIVE
BRADENTON FL 34207

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME PARADIS, MR. JOSEPH A III
STREET ADDRESS P.O. BOX 32230
CITY-ST-ZIP LOUISVILLE KY 40232

TITLE VC ☐ Delete
NAME DABNEY, MR. GORDON S
STREET ADDRESS 402 S. FOURTH STREET, SUITE 1101
CITY-ST-ZIP LOUISVILLE KY 40202

TITLE P ☐ Delete
NAME TINSLEY, TUCK III
STREET ADDRESS 1839 FRANKFORT AVENUE
CITY-ST-ZIP LOUISVILLE KY 40206

TITLE V ☐ Delete
NAME KEEFE, DONALD J
STREET ADDRESS 1839 FRANKFORT AVENUE
CITY-ST-ZIP LOUISVILLE KY 40206

TITLE ST ☐ Delete
NAME BEAVIN, WILLIAM G
STREET ADDRESS 1839 FRANKFORT AVENUE
CITY-ST-ZIP LOUISVILLE KY 40206

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS H. ESQUIR President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

(502) 895-2405

Daytime Phone #

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90029 042 *****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)