

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000058

1. Entity Name

KENTUCKY FINANCE CO., INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90051 039 \*\*\*150.00

Principal Place of Business

250 CARPENTER FREEWAY  
IRVING TX 75062-2729

Mailing Address

P O BOX 660237  
CORP TAX DEPT  
DALLAS TX 75266-0237  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

61-0402867

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | PD                           | <input type="checkbox"/> Delete |
| NAME           | <del>JOHN E. GODFREY</del>   |                                 |
| STREET ADDRESS | 250 CARPENTER FREEWAY        |                                 |
| CITY-ST-ZIP    | IRVING TX                    |                                 |
| TITLE          | D                            | <input type="checkbox"/> Delete |
| NAME           | <del>STEPHENSON, DIKEN</del> |                                 |
| STREET ADDRESS | 250 CARPENTER FREEWAY        |                                 |
| CITY-ST-ZIP    | IRVING TX                    |                                 |
| TITLE          | D                            | <input type="checkbox"/> Delete |
| NAME           | <del>GLEHEN, MICHAEL W</del> |                                 |
| STREET ADDRESS | 250 CARPENTER FREEWAY        |                                 |
| CITY-ST-ZIP    | IRVING TX                    |                                 |
| TITLE          | AVAS                         | <input type="checkbox"/> Delete |
| NAME           | GREENE, PATRICK J.           |                                 |
| STREET ADDRESS | 250 CARPENTER FREEWAY        |                                 |
| CITY-ST-ZIP    | IRVING TX                    |                                 |
| TITLE          | VT                           | <input type="checkbox"/> Delete |
| NAME           | HUGHES, JOHN F               |                                 |
| STREET ADDRESS | 250 CARPENTER FREEWAY        |                                 |
| CITY-ST-ZIP    | IRVING TX                    |                                 |
| TITLE          | S                            | <input type="checkbox"/> Delete |
| NAME           | LISKOW, FREDERIC C           |                                 |
| STREET ADDRESS | 250 CARPENTER FREEWAY        |                                 |
| CITY-ST-ZIP    | IRVING TX                    |                                 |

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | KENNETH E. MIZE    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          | R. STEPHEN NICHOLS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          | PATRICK C. GRAY    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| 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:

*Patrick J. Greene*

PATRICK J. GREENE  
TREASURER

3/1/00

(912) 652-6277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)