

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005412

1. Entity Name

NATIONWIDE TOWER COMPANY

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90097 032 ***150.00

Principal Place of Business

Mailing Address

414 NORTH INGRAM STREET
HENDERSON KY 42420

P.O. BOX 1829
HENDERSON KY 42419-1829



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

414 North Ingram St.

Suite, Apt. #, etc.

City & State

Henderson, KY

City & State

4. FEI Number

61-1138886

Applied For

Not Applicable

Zip

Country

42419

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
NAME JOHNSTON, HERMAN J
STREET ADDRESS 414 NORTH INGRAM STREET
CITY-ST-ZIP HENDERSON KY 42420 ☐ Delete

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

TITLE COBD
NAME JOHNSTON, W D
STREET ADDRESS 219 HEILMAN STREET
CITY-ST-ZIP HENDERSON KY 42420 ☐ Delete

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

TITLE VP
NAME DORRIS, SAMUEL
STREET ADDRESS P.O. BOX 1829 N/A
CITY-ST-ZIP HENDERSON KY 42419 ☐ Delete

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

TITLE S
NAME ROTH, KEVIN
STREET ADDRESS P.O. BOX 1829 N/A
CITY-ST-ZIP HENDERSON KY 42419 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Herman Johnston 4/27/00 (270) 869-8800

CR2E034 (9/99)