

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002202

1. Entity Name

AMERICAN LENDING GROUP, INC.

**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90003 030 \*\*\*558.75

Principal Place of Business

Mailing Address

880 CORPORATE DRIVE  
STE 210  
LEXINGTON KY 40503  
US

880 CORPORATE DRIVE  
STE 210  
LEXINGTON KY 40503  
US

2. Principal Place of Business

880 CORPORATE DR

3. Mailing Address

880 CORPORATE DR

Suite, Apt. #, etc.

STE 210

Suite, Apt. #, etc.

STE 210

City & State

LEXINGTON, KY

City & State

LEXINGTON, KY

Zip

40503-5400

Country

USA

Zip

40503-5400

Country

USA

4. FEI Number

61-1264069

Applied For

Not Applicable

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS DRURY, MELVIN K  
CITY-ST-ZIP 19 AVENUE OF CHAMPIONS  
NICHOLASVILLE KY 40356

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 reports 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:

MELVIN K DRURY, PRESIDENT

6/21/01

859-224-2442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)