

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**  
 02-21-2002 90068 004 \*\*\*150.00

ORGANIC AT

**DOCUMENT # F97000002024**

1. Entity Name

**THE DREES COMPANY**

Principal Place of Business

**211 GRANDVIEW DRIVE  
 FT MITCHELL KY 41017**

Mailing Address

**211 GRANDVIEW DRIVE  
 FT MITCHELL KY 41017**

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

**61-0675670**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



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, 2002 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** ☐ Delete  
 NAME **DREES, PHILIP**  
 STREET ADDRESS **1055 THORNWILDE DR**  
 CITY-ST-ZIP **HEBRON KY 41048**

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

TITLE **ST** ☐ Delete  
 NAME **HERBST, LAWRENCE**  
 STREET ADDRESS **1873 WEXWOOD LANE**  
 CITY-ST-ZIP **CINCINNATI OH**

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

TITLE **CD** ☐ Delete  
 NAME **DREES, RALPH**  
 STREET ADDRESS **22-A LINDEN HILL DR**  
 CITY-ST-ZIP **CRESCENT SPRINGS KY**

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

TITLE **CEO** ☐ Delete  
 NAME **DREES, DAVID**  
 STREET ADDRESS **22-B LINDEN HILL DRIVE**  
 CITY-ST-ZIP **CRESCENT SPRINGS KY 41017**

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

TITLE **D** ☐ Delete  
 NAME **HILTZ, L T**  
 STREET ADDRESS **50 E RIVERCENTER BLVD #1550**  
 CITY-ST-ZIP **COVINGTON KY**

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

TITLE **D** ☐ Delete  
 NAME **LUCAS, KENNETH R**  
 STREET ADDRESS **50 E RIVERCENTER BLVD, #1600**  
 CITY-ST-ZIP **COVINGTON KY**

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 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:

*Lawrence Herbst*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-02

859-578-4209

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

Document #

F917000002024/  
602247

02/11/2002 10:52  
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THE DREES COMPANY

CHECK REMITTANCE

VENDOR	CHECK NO.	CHECK DATE	AMOUNT
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4 DEPARTMENT OF STATE	00701719	2/11/2002	
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PO BOX 1500

TALLAHASSEE FL 32302-1500

VOUCHER	INVOICE	AMOUNT
0162275		150.00

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total... 150.00

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