

8/6/2002-90277-022-\$150.00-\$150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000005032**

1. Entity Name

HURSTBOURNE ORLANDO, INC.**FILED**

02 OCT 24 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
123819

Principal Place of Business

201 W. SHORT STREET
STE. 800
LEXINGTON KY 40507

Mailing Address

201 W. SHORT STREET
STE. 800
LEXINGTON KY 40507

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

31-1564406

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CALLAHAN, W. SCOTT ESQ.
37 NORTH ORANGE AVENUE
STE. 200
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Wayne Wellman
Street Address (P.O. Box Number is Not Acceptable)

City

Lake Mary

FL

Zip Code

32744

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
TURNER, WM. CRAIG
201 WEST SHORT ST., STE. 800
LEXINGTON KY 40507 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SS
EKHOFF, RICHARD C
201 W. SHORT ST., STE. 700
LEXINGTON KY 40507 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
SHERROD, GAYLE Y
201 W. SHORT ST., STE. 500
LEXINGTON KY 40507 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
TURNER, MADONNA
201 W. SHORT ST., STE. 800
LEXINGTON KY 40507 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

CR2E034 (9/01)

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 #