

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005457

1. Entity Name

MID-AMERICA GIFT CERTIFICATE COMPANY

Principal Place of Business

Mailing Address

500 W. BROADWAY
LOUISVILLE KY 40202

500 W. BROADWAY
LOUISVILLE KY 40202-2210

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 31-1556662

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

CORPAMERICA, INC.
1525 S. ANDREWS AVE, SUITE 216
FT LAUDERDALE FL 33316

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	CP	<input type="checkbox"/> Delete
NAME	LAMAR, DONALD R	
STREET ADDRESS	500 W. BROADWAY	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVER, ORSON	
STREET ADDRESS	500 W. BROADWAY	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STOKE, SHEILA	
STREET ADDRESS	500 W. BROADWAY	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIPPY, JOHN T	
STREET ADDRESS	500 W. BROADWAY	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	AT	<input type="checkbox"/> Delete
NAME	DOHRMAN, MARK	
STREET ADDRESS	500 W. BROADWAY	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<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		
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:

[Signature] SECRETARY

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90277 022 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)