

# 2001 UNIFORM BUSINESS REPORT (UBR)

0604915

DOCUMENT # F98000005581

1. Entity Name  
THE JACOBSON MANAGEMENT GROUP, INC.

FILED

01 APR 27 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
8038 WURZBACH ROAD, STE 360  
SAN ANTONIO TX 78223

Mailing Address  
8038 WURZBACH ROAD, STE 360  
SAN ANTONIO TX 78223

2. Principal Place of Business  
500 W. MAIN STREET  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 740026  
Up Tax Dept.

City & State  
LOUISVILLE KY

City & State  
Louisville, KY

4. FEI Number 74-2750700

Applied For  
Not Applicable

Zip Country  
40202 JEFFERSON

Zip Country  
40201-7426 JEFFERSON

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

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name  
CORPORATION SERVICE COMPANY  
Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYES ST  
City TALLAHASSEE FL Zip Code 32301-2525

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 by: Margaret Pike Margaret Pike, Asst. Secretary 4-26-2001  
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 ☐ \$150.00 ☐ \$550.00

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JACOBSON, NORMAN L 8038 WURZBACH ROAD, STE 360 SAN ANTONIO TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO Michael B McEllister 500 W. Main St. Louisville, KY 40202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP & CFO James H. Bloem 500 W. Main St. Louisville, KY 40202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP George G. Bauernfeind 500 W. Main St. Louisville, KY 40202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Treasurer Brett McIntyre 500 W. Main St. Louisville, KY 40202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joan O. Lenahan 500 W. Main St. Louisville, KY 40202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kenneth J. Fasola 500 W. Main St. Louisville, KY 40202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: George Bauernfeind George G. Bauernfeind 4/24/01 (502) 580-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)