

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001266

1. Entity Name

W.T. FARM, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90058 048 ***150.00

Principal Place of Business

Mailing Address

2225 YOUNG DRIVE
LEXINGTON KY 40589

PO BOX 1110
LEXINGTON KY 40588-1110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1156052

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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	P	<input type="checkbox"/> Delete
NAME	YOUNG JR, WILLIAM T	
STREET ADDRESS	208 BARROW ROAD	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	CD	<input type="checkbox"/> Delete
NAME	YOUNG SR, WILLIAM T	
STREET ADDRESS	222 CHINOE ROAD	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARREN, ROBERT L	
STREET ADDRESS	3364 CLOVERDALE	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MINTON, MARY A	
STREET ADDRESS	992 TURKEYFOOT ROAD	
CITY-ST-ZIP	LEXINGTON KY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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:

William T. Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William T. Young

4/28/00

859/335-2247
Daytime Phone #

CR2E034 (9/99)