

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90792 041 ***150.00

DOCUMENT # F99000001266

1. Entity Name

W.T. FARM, INC. LLC

Principal Place of Business

Mailing Address

**2225 YOUNG DRIVE
LEXINGTON KY 40589****PO BOX 1110
LEXINGTON KY 40589**

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 **31-1156052**

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

**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, 2001 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	P	YOUNG JR, WILLIAM T	208 BARROW ROAD	
		LEXINGTON KY		

	CD	YOUNG SR, WILLIAM T	222 CHINOE ROAD	<input type="checkbox"/> Delete
		LEXINGTON KY		

	V	WARREN, ROBERT L	3364 CLOVERDALE	<input type="checkbox"/> Delete
		LEXINGTON KY		

	ST	MINTON, MARY A	992 TURKEYFOOT ROAD	<input type="checkbox"/> Delete
		LEXINGTON KY		

				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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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 #

4/27/01 859 3352 252

CR2E034 (10/00)