

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003702

1. Entity Name

GLENLAKE INSURANCE AGENCY, INC. OF KENTUCKY

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90128 046 ***150.00

Principal Place of Business

Mailing Address

6716 GRADE LANE, SUITE 903
LOUISVILLE KY 40213

6716 GRADE LANE, SUITE 903
LOUISVILLE KY 40213-3416

2. Principal Place of Business

3. Mailing Address

55 Glenlake Pkwy NE
Suite, Apt. #, etc.

55 Glenlake Pkwy NE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Atlanta, GA 30328

City & State

Atlanta, GA 30328

4. FEI Number

58-2430849

Applied For

Not Applicable

Zip

30328

Country

USA

Zip

30328

Country

USA

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 PD
NAME HITCHCOX, WILLIAM C
STREET ADDRESS 570 VALLEY HALL DR.
CITY-ST-ZIP ATLANTA GA 30350 ☐ Delete

TITLE D
NAME BERNABUCCI, ROBERT J
STREET ADDRESS 625 KENSINGTON FARMS DR.
CITY-ST-ZIP ALPHARETTA GA 30004 ☐ Delete

TITLE S
NAME HARRISON, CATHERINE B
STREET ADDRESS 421 SUPERIOR AVE.
CITY-ST-ZIP DECATUR GA 30030 ☒ Delete

TITLE VTD
NAME MOUNTS, L. DAVID
STREET ADDRESS 3925 RIVER LANDING WAY
CITY-ST-ZIP ATLANTA GA 30350 ☒ Delete

TITLE D
NAME BEYSTEHRER, JOHN J
STREET ADDRESS 1023 CHERBURY LN
CITY-ST-ZIP ALPHARETTA GA 30022 ☒ Delete

TITLE ASAT
NAME AGRESTA, MAURICE M
STREET ADDRESS 10265 BRIER MILL CT.
CITY-ST-ZIP ALPHARETTA GA 30022 ☐ Delete

TITLE S
NAME Phillip W. Chritton
STREET ADDRESS 55 Glenlake Pkwy NE
CITY-ST-ZIP Atlanta, GA 30328 ☐ Change ☒ Addition

TITLE V
NAME Michael D. Plourde
STREET ADDRESS 55 Glenlake Pkwy NE
CITY-ST-ZIP Atlanta, GA 30328 ☐ Change ☒ Addition

TITLE T
NAME Michael G. Bryant
STREET ADDRESS 55 Glenlake Parkway NE
CITY-ST-ZIP Atlanta, GA 30328 ☐ Change ☒ Addition

TITLE ASAT
NAME Eugene A. Pica
STREET ADDRESS 55 Glenlake Pkwy NE
CITY-ST-ZIP Atlanta, GA 30328 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Eugene A. Pica
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00 (404)828-6093
Date Daytime Phone #

CR2E034 (9/99)