

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
 05-10-2000 90097 014 ***150.00

DOCUMENT # **H50995**

1. Entity Name

NTS (Sabal Residential), Inc.

Principal Place of Business

**40 NTS Corporation
 10172 Linn Station Rd.
 Louisville, KY 40223**

Mailing Address

**40 NTS Corporation
 10172 Linn Station Rd.
 Louisville, KY 40223**

C0087914

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

01-1075899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Gary D. Adams
 407 Wekiva Springs Rd. Ste 213
 Longwood, FL 32779**

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

TITLE **DC** ☐ Delete
 NAME **J.D. Nichols**
 STREET ADDRESS **10172 Linn Station Rd.**
 CITY-ST-ZIP **Louisville, KY 40223**

TITLE **VC** ☒ Delete
 NAME **Richard L. Good**
 STREET ADDRESS **10172 Linn Station Rd.**
 CITY-ST-ZIP **Louisville, KY 40223**

TITLE **VPS** ☐ Delete
 NAME **Susan Howard**
 STREET ADDRESS **10172 Linn Station Rd.**
 CITY-ST-ZIP **Louisville, KY 40223**

TITLE **SVP** ☐ Delete
 NAME **Gary D. Adams**
 STREET ADDRESS **407 Wekiva Springs Rd. Ste 213**
 CITY-ST-ZIP **Longwood, FL 32779**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **SVP** ☐ Change ☒ Addition
 NAME **Gregory A. Wells**
 STREET ADDRESS **10172 Linn Station Road**
 CITY-ST-ZIP **Louisville, KY 40223**

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

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

TITLE ☐ Change ☒ Addition
 NAME **Brian F. Lawin**
 STREET ADDRESS **10172 Linn Station Road**
 CITY-ST-ZIP **Louisville, KY 40223**

TITLE ☐ Change ☒ Addition
 NAME **Neil A. Mitchell**
 STREET ADDRESS **10172 Linn Station Road**
 CITY-ST-ZIP **Louisville, KY 40223**

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: **Susan M. Howard, VP/Sec** **Susan M. Howard, VP/Sec** **4/21/00** **(502) 426-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #