

.2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90328 018 ***150.00

DOCUMENT # J00493
 1. Entity Name
NTS REALTY COMPANY OF FLORIDA

Principal Place of Business C/O NTS CORPORATION 10172 LINN STATION ROAD LOUISVILLE KY 40223	Mailing Address C/O NTS CORPORATION 10172 LINN STATION ROAD LOUISVILLE KY 40223
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-2698270	Applied For Not Applicable
Zip	Country	Zip	Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ADAMS, GARY D
407 WEKIVA SPRINGS ROAD
SUITE #213
LONGWOOD FL 32779

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
5350 Shoreline Circle
 City **Lake Forest** **FL** Zip Code **32771**

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NICHOLS, J. D. 10172 LINN STATION RD. LOUISVILLE KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WELLS, GREGORY 10172 LINN STATION ROAD LOUISVILLE KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ADAMS, GARY D 407 WEKIVA SPRINGS RD, STE #213 LONGWOOD FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LAVIN, BRIAN F 10172 LINN STATION RD LOUISVILLE KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOWARD, SUSAN M 10172 LINN STATION ROAD LOUISVILLE KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT MITCHELL, NEIL A 10172 LINN STATION ROAD LOUISVILLE KY 40233

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Susan M. Howard, Secretary 1/15/01 (502) 426-4800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Susan M. Howard, Secretary

CR2E034 (10/00)