

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90016 030 ***150.00

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

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

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

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2698270** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, GARY D
4350 SHORELINE CIRCLE
LAKE FOREST FL 32771

7. Name and Address of New Registered Agent

Name **Adams, Gary D.**
 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 _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	CD	<input type="checkbox"/> Delete
NAME	NICHOLS, J. D.	
STREET ADDRESS	10172 LINN STATION RD.	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	WELLS, GREGORY	
STREET ADDRESS	10172 LINN STATION ROAD	
CITY-ST-ZIP	LOUISVILLE KY 40223	
TITLE	PT	<input type="checkbox"/> Delete
NAME	ADAMS, GARY D	
STREET ADDRESS	5350 SHORELINE CIRCLE	
CITY-ST-ZIP	LAKE FOREST FL 32771	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	LAVIN, BRIAN F	
STREET ADDRESS	10172 LINN STATION RD	
CITY-ST-ZIP	LOUISVILLE KY 40223	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HOWARD, SUSAN M	
STREET ADDRESS	10172 LINN STATION ROAD	
CITY-ST-ZIP	LOUISVILLE KY 40223	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	MITCHELL, NEIL A	
STREET ADDRESS	10172 LINN STATION ROAD	
CITY-ST-ZIP	LOUISVILLE KY 40223	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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: Susan M. Howard VP/Secretary 1/31/02 (502)426-4800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)