2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J00493

1. Entity Name

NTS REALTY COMPANY OF FLORIDA



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90995 038 ***150.00

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				3. Mailing Address							BII 010 01 0 0	1031 OHOH 1081	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4 . F	FEI Number 59-2698270		<u> </u>	oplied For	
Zip Country			Zip	Zip Count			5. Certificate of Status C				\$8.75 Add		
6. Name and Address of Current F				registered Agent				7. Name and Address of New Registered Agent					
ADAMS, GARY D						Name RICHARD D. BAVEC							
				<u> </u>			Street Address (BO BOX Tumber & Not Acceptable)						
5350 SHORELINE CIRCLE LAKE FOREST FL 32771							330 .	3n C	JRELINE CIRCLE				
						City	AKF	FC	OREST	FL	Zip Cod	1	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Stratyle required with reinstating) DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11.								AD	9. Election Campaign Fine Trust Fund Contribution DITIONS/CHANGES TO OFFI	ı.	Added Added	May Be to Fees	
TITLE NAME	CD NICHOLS,			☐ Delete	TITLE	- 1				02.107112	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	10172 LINI LOUISVILL	n station RD. E Ky				ET ADDRESS -ST-ZIP							
TITLE NAME	SVP Wells, Gi	REGORY		☐ Delete	TITLE						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		n Station Road E Ky 40223				ET ADDRESS - ST-ZIP							
TITLE NAME	PT Adams, G	ARY D		☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	5350 SHO	RELINE CIRCLE EST FL 32771	,			ET ADDRESS -ST-ZIP							
TITLE NAME	evp Lavin, bri	AN F		☐ Delete	TITLE						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	LOUISVILL	n Station RD E Ky 40223				ET ADDRESS - ST-ZIP							
TITLE NAME	VPS HOWARD,	SUSAN M		☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		n Station Road E Ky 40223				ET ADDRESS -ST-ZIP							
TITLE NAME	VPAT MITCHELL,	NEIL A		☐ Delete	TITLE			•			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	10172 LINI	N STATION ROAD E KY 40233			STRE	ET ADDRESS - ST- ZIP							

12. 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 10 or Block 11 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 OFFICER