

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90173 010 ***150.00

DOCUMENT # **J93996**

1. Entity Name

Orlando Lake Forest, Inc.

Principal Place of Business

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

Mailing Address

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

A0037691

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-11210770

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

7. Name and Address of New Registered Agent

**Margaret O. Templeton
 8380 Shoreline Circle
 Lake Forest, FL 32711**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DC	JD Nichols	10172 Linn Station Rd.	Louisville KY 40223	<input type="checkbox"/>
VC	Richard L Good	10172 Linn Station Rd.	Louisville KY 40223	<input checked="" type="checkbox"/>
EVP	Margaret O. Templeton	8380 Shoreline Circle	Lake Forest, FL 32711	<input type="checkbox"/>
VPS	Susan Howard	10172 Linn Station Rd.	Louisville, KY 40223	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Brian F. Lavin	10172 Linn Station Road	Louisville, KY 40223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPT	Neil A. Mitchell	10172 Linn Station Rd.	Louisville, KY 40223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SVP	Gary Adams	407 Wekiva Springs Rd. Ste 213	Longwood, FL 32719	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 **4/5/00** **(502) 426-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)