

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90014 001 ***150.00

DOCUMENT # J93996

1. Entity Name
ORLANDO LAKE FOREST, INC.

Principal Place of Business C/O NTS CORPORATION 10172 LINN STATION RD. LOUISVILLE KY 40223	Mailing Address C/O NTS CORPORATION 10172 LINN STATION RD. LOUISVILLE KY 40223
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 61-1126770		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ADAMS, GARY D 5350 SHORELINE CIRCLE LAKE FOREST FL 32771				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICHOLS, J.D.			NAME			
STREET ADDRESS	10172 LINN STATION RD.			STREET ADDRESS			
CITY-ST-ZIP	LOUISVILLE KY			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAVIN, BRIAN F			NAME			
STREET ADDRESS	10172 LINN STATION RD.			STREET ADDRESS			
CITY-ST-ZIP	LOUISVILLE KY 40223			CITY-ST-ZIP			
TITLE	EVP	<input checked="" type="checkbox"/> Delete		TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TEMPLETON, MARGARET O			NAME	Adams, Gary D.		
STREET ADDRESS	5350 SHORELINE CIRCLE			STREET ADDRESS	5350 Shoreline Circle		
CITY-ST-ZIP	LAKE FOREST FL			CITY-ST-ZIP	Lake Forest, FL 32771		
TITLE	VPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWARD, SUSAN			NAME			
STREET ADDRESS	10172 LINN STATION RD			STREET ADDRESS			
CITY-ST-ZIP	LOUISVILLE KY			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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, Secretary Date: 1/19/01 Daytime Phone #: (502) 426-4800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)