


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90073 028 \*\*\*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

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **61-1126770** 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**  
**5350 SHORELINE CIRCLE**  
**LAKE FOREST FL 32771**

7. Name and Address of New Registered Agent  
Name **RICHARD D. BAVEC**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RICHARD D. BAVEC, SVP** *[Signature]* **4/1/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when 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**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DC</b><br><b>NICHOLS, J.D.</b><br><b>10172 LINN STATION RD.</b><br><b>LOUISVILLE KY</b>           | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>LAVIN, BRIAN F</b><br><b>10172 LINN STATION RD.</b><br><b>LOUISVILLE KY 40223</b>     | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVP</b><br><b>ADAMS, GARY D</b><br><b>5350 SHORELINE CIRCLE</b><br><b>LAKE FOREST FL 32771</b>    | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPS</b><br><b>HOWARD, SUSAN</b><br><b>10172 LINN STATION RD</b><br><b>LOUISVILLE KY</b>           | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SV</b><br><b>BAVEC, RICHARD D</b><br><b>5350 SHORELINE CIRCLE</b><br><b>LAKE FOREST FL 32771</b>  | <input type="checkbox"/> Delete                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SV</b><br><b>WELLS, GREGORY A</b><br><b>10172 LINN STATION ROAD</b><br><b>LOUISVILLE KY 40223</b> | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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]* **Susan M. Howard, VP/Secretary 3/13/03 (502) 426-4800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04/11/03

CR2E084 (10/02)