

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M89394

1. Entity Name

LAKE FOREST REALTY, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90172 005 ***150.00

Principal Place of Business	Mailing Address
NTS CORPORATION LINN STATION RD. KY 40223	C/O NTS CORPORATION 1072 LINN STATION RD. LOUISVILLE KY 40223

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	61-1149966	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
TEMPLETON, MARGARET O 5350 SHORELINE CIRCLE LAKE FOREST FL 32771	

7. Name and Address of New Registered Agent	
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). <input type="checkbox"/>	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. <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	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, J.D.	NAME	
STREET ADDRESS	10172 LINN STATION ROAD	STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	CITY-ST-ZIP	
TITLE	VC <input checked="" type="checkbox"/> Delete	TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD L. GOOD	NAME	Gregory A. Wells
STREET ADDRESS	10172 LINN STATION RD	STREET ADDRESS	10172 Linn Station Road
CITY-ST-ZIP	LOUISVILLE KY	CITY-ST-ZIP	Louisville, KY
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, SUSAN M	NAME	
STREET ADDRESS	10172 LINN STATION RD	STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, NEIL A EIL	NAME	
STREET ADDRESS	10172 LINN STATION RD	STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, GARY 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	TEMPLETON, MARGARET O	NAME	
STREET ADDRESS	5350 SHORELINE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST FL	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 2/21/00 Daytime Phone # (502) 426-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)