

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91315 047 ***150.00

DOCUMENT # M89394

1. Entity Name

LAKE FOREST REALTY, INC.



Principal Place of Business

**C/O NTS CORPORATION
1072 LINN STATION RD.
LOUISVILLE KY 40223**

Mailing Address

**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

4. FEI Number

61-1149966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/03
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	CD	<input type="checkbox"/> Delete
NAME	NICHOLS, J.D.	
STREET ADDRESS	10172 LINN STATION ROAD	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	SV	<input type="checkbox"/> Delete
NAME	WELLS, GREGORY A	
STREET ADDRESS	10172 LINN STATION RD	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HOWARD, SUSAN M	
STREET ADDRESS	10172 LINN STATION RD	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MITCHELL, NEIL A EIL	
STREET ADDRESS	10172 LINN STATION RD	
CITY-ST-ZIP	LOUISVILLE KY 40223	
TITLE	P	<input type="checkbox"/> Delete
NAME	ADAMS, GARY D	
STREET ADDRESS	5350 SHORELINE CIRCLE	
CITY-ST-ZIP	LAKE FOREST FL 32771	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BAYEE, RICHARD D	
STREET ADDRESS	5350 SHORELINE CIRCLE	
CITY-ST-ZIP	LAKE FOREST FL 32771	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAVEC, RICHARD D.	
STREET ADDRESS		
CITY-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:

Susan M. Howard, VP/Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan M. Howard, VP/Secretary 3/13/03 426-4800
Date Daytime Phone #

CR2E034 (10/02)