

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0018033

DOCUMENT # M99000000791

1. Entity Name  
PALM LAKES, LLC

00 APR -3 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
832 K&L NANDINO BLVD.  
LEXINGTON KY 40511

Mailing Address  
832 K&L NANDINO BLVD.  
LEXINGTON KY 40511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
301 E. MAIN ST

3. Mailing Address  
301 E. MAIN ST.

Suite, Apt. #, etc.  
#510 #600

Suite, Apt. #, etc.  
#510 #600

City & State  
LEXINGTON, KY

City & State  
LEXINGTON, KY

4. FEI Number  
61-1341088

Applied For  
Not Applicable

Zip  
40507

Country  
USA

Zip  
40507

Country  
USA

5. Certificate of Status Desired - ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 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 Robert L Cole Robert L Cole 3/23/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JAMESON, TOM 832 K&L NANDINO BLVD. LEXINGTON KY 40511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COLE, BOB 300 WEST VINE STREET, FIFTH FLOOR LEXINGTON KY 40507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert L Cole  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/23/00  
Date

Daytime Phone #

CR2E083 (9/99)