

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90128 045 \*\*\*550.00

**DOCUMENT # P00000011133**

1. Entity Name  
**SNADMIN OF FLORIDA, INC.**

Principal Place of Business  
**204 S. MONROE ST.  
TALLAHASSEE FL 32301**

Mailing Address  
**204 S. MONROE ST.  
TALLAHASSEE FL 32301**



2. Principal Place of Business

3. Mailing Address

**650 Missouri Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Jeffersonville, IN**

Zip

Country

Zip  
**47130**

Country  
**USA**

4. FEI Number **58-2538619**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEENAN, TIMOTHY J  
204 S. MONROE ST.  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

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) ☐

**FILE NOW!!! FEE IS \$550.00  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
ROBBINS, LANSDON B  
325 W MAIN STREET SUITE 500  
LOUISVILLE KY 40202** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director/CEO  
Lansdon B. Robbins  
650 Missouri Ave  
Jeffersonville, IN. 47130** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CALLAHAN, KEVIN M  
325 W MAIN STREET SUITE 500  
LOUISVILLE KY 40202** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director/President  
Kevin M. Callahan  
650 Missouri Ave  
Jeffersonville, IN 47130** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HANSEN, THOMAS O  
325 W MAIN STREET  
LOUISVILLE KY 40202** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director/Treasurer/Secretary  
E. Wayne Schweatley  
650 Missouri Ave  
Jeffersonville, IN 47130** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DOLIGALE, ROBERT W  
325 W MAIN STREET  
LOUISVILLE KY 40202** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CLARK, TIMOTHY D  
325 W MAIN STREET  
LOUISVILLE KY 40202** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
CHRISTIAN, ROB  
325 W MAIN STREET SUITE 500  
LOUISVILLE KY 40202** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-30-02 812-258-4700**

Date Daytime Phone #

CR2E034 (4/02)