

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90030 042 ***150.00

00623930 AT

DOCUMENT # P01000003026

1. Entity Name
KENTUCKY CONDOS, INC.

Principal Place of Business
**127 W MIAMI ST
 BROOKSVILLE KY 41004**

Mailing Address
**P.O. BOX 25
 BROOKSVILLE KY 41004**

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
58-2593681

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

**STADLER, RICHARD E
 1820 GARDEN ST
 TITUSVILLE FL 32796**

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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 ☐ Delete
 NAME **D RUDD, EDWARD J**
 STREET ADDRESS **P.O. BOX 25**
 CITY-ST-ZIP **BROOKSVILLE KY 41004**

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

TITLE ☐ Delete
 NAME **D SCOTT, ROBERT**
 STREET ADDRESS **4940 PERKINS RIDGE**
 CITY-ST-ZIP **BROOKSVILLE FL 41004**

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

TITLE ☐ Delete
 NAME **D WYNOCKER, JOHN C**
 STREET ADDRESS **6629 APACHE CIR**
 CITY-ST-ZIP **CINCINNATI OH 45243**

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

TITLE ☐ Delete
 NAME **D COOPER, MONTE D**
 STREET ADDRESS **2107 BUCKINGHAM SQUARE**
 CITY-ST-ZIP **MAYSVILLE KY 41056**

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

TITLE ☐ Delete
 NAME **D FLAUGHER, LOUIE A**
 STREET ADDRESS **711 FORDS AVE**
 CITY-ST-ZIP **BROOKSVILLE KY 41004**

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

TITLE ☐ Delete
 NAME **D BROOKS, JOHN H**
 STREET ADDRESS **4598 BROOKSVILLE-GERMANTOWN RD**
 CITY-ST-ZIP **GERMANTON KY 41044**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

JOHN H. BROOKS

3-6-02

606-728-5882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)