# 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P13520 1. Entity Name B&L CONSULTANTS, INC. OF MASSACHUSETTS Principal Place of Business ONE COMMERCE WAY NORWOOD MA 02062 ONE COMMERCE WAY NORWOOD MA 02062 2. Principal Place of Business Suite, Apt. #, etc. City & State City & State City & State Country 5. Certificat

# FILED Apr 29, 2000 8:00 am Secretary of State

04-29-2000 90016 019 \*\*\*150.00



Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4.</b> F	TEI Number 04-2538302	Applied For Not Applicable		
Zip	Country	Zip	Country	5. (	Certificate of Status Desired.	\$8.75 Add	litional d	
	6. Name and Address of Current Re	gistered Agent	(	7. N	lame and Address of New Registered A	gent	-	
			Name					
BOERGER, EUGENE R. 4310 METRO PARKWAY FT. MYERS FL 33916			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Cod	e	
8 The above	named entity submits this statement for th	e nurpose of changing its r	egistered office or	registered age	ent, or both, in the State of Florida.			
O. IIIC abovo	Trained String Seemen this statement is	o parpage at an analysis of the	,				ľ	
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE:	Registered Agent signat	re required when re	instating) DATE	· · · · · · · · · · · · · · · · · · ·		
	Signature, typed or printed harrie or registered agent and	T (1012.	Tregistateo rigorit digital		1			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW! After MAY 1, 200 Make Check Payab			·	50.00	Election Campaign Financing     Trust Fund Contribution.		May Be to Fees	
	OFFICERS AND DIE		12.		I DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
11.			TITLE					
	2.7			(see attached list of ☐ Change ☐ Addition Officers & Directors)				
NAME	CATE; JIM W Officers & Directors)			Office	ers & Directors)			
STREET ADDRESS	<del>-1231-DURRETT L</del> N		STREET ADDRESS					
CITY-ST-ZIP	LOUISVILLE KY 40285		CITY-ST-ZIP	,,			_	
TITLE	<del>D-</del>	☐ Defete	TITLE			Change	Addition	
NAME	SHOWALTER, ROBERT E		NAME					
STREET ADDRESS	1231 DURRETT LN		STREET ADDRESS	ļ				
CITY-ST-ZIP	LOUISVILLE KY 40285	•	CITY-ST-ZIP		مدايات ما ما الماسية			
TITLE	3	☐ Delete	TITLE			Change	Addition	
NAME	JACOBS, CURTIS M		NAME			_ ,		
STREET ADDRESS	401 S 5TH STREET -		STREET ADDRESS					
CITY-ST-ZIP	LOUISVILLE KY-40202-		CITY-ST-ZIP	Ì				
			<del></del>			☐ Change	Addition	
TITLE	D	☐ Delete	TITLE			☐ Ollarige	L.J NOUIDON	
NAME	SHOWALTER, ROBERT E		NAME expert appares					
STREET ADDRESS	101 BULLITT-LANE SUITE 450		STREET ADDRESS					
CITY-ST-ZIP	LOUISVILLE KY 40222		CITY-ST-ZIP					
TITLE	<del>D</del>	☐ Delete	TITLE			☐ Change	Addition	
NAME	<del>KENNE</del> Y, DONALD J		NAME					
STREET ADDRESS	<del>101 BUL</del> LITT L <del>ANE SUITE 4</del> 50		STREET ADDRESS				•	
CITY-ST-ZIP	touisville K <del>y 40222</del>		CITY-ST-ZIP					
TITLE	9	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	JACOBS: GURTIS M		NAME					
STREET ADDRESS	101 S FIFTH ST.		STREET ADDRESS					
	LOUISVILLE KY 40202		CITY-ST-ZIP					
	pertify that the information supplied with the	ie filing doge not qualify for	the exemption sta	ted in Section	119 07(3)(i) Florida Statutes I further cert	tify that the i	I	
indicated	on this report or supplemental report is tru	ue and accurate and that m	y signature shall h	ave the same	legal effect as if made under oath; that I a	m an officer	or director	

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:

NATURE AND TYPED OF PRINTED NAME OF S

COUNTRO E. Fountain, CFO

(502) 315-3311 ,-

Daytime Phone #

4/20/00

P13520

## <u>B & L CONSULTANTS, INC.</u> September 22, 1999

Attachment
720893

### **DIRECTORS**

David E. Fountain Steven T. Pedersen Thomas A. Wimsett

## **OFFICERS**

Steven T. Pedersen David E. Fountain

Curtis M. Jacobs Dennie K. Hurst Charles E. Murawski President
Senior Vice President, Chief Financial
Officer and Treasurer
Secretary
Assistant Secretary
Tax Officer and Clerk