

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092974

1. Entity Name

HONTOON MANAGEMENT CORPORATION

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90283 028 ***150.00

Principal Place of Business

Mailing Address

332 WEST BROADWAY
STE. 1606 HEYBURN BLDG.
LOUISVILLE KY 40202
US

332 WEST BROADWAY
STE 1606 HEYBURN BLDG
LOUISVILLE KY 40202
US

00011573



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1300 Gardiner Lane

3. Mailing Address
1300 Gardiner Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 9

Suite 9

City & State

City & State

Louisville, KY

Louisville, KY

4. FEI Number 59-3300068

Applied For

Not Applicable

Zip

Country

Zip

Country

40213

USA

40213

USA

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

DIANA E. GOULD
1771 FOELKER ROAD
DELAND FL 32724

Name

Diana E. Gould

Street Address (P.O. Box Number is Not Acceptable)

1636 Red Mangrove Drive

City

Deland

FL

Zip Code

32724

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, GARY L P.O. BOX 666 N/A MONTICELLO KY 42633	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, JERRY L 1013 BURNING SPRINGS DR LOUISVILLE KY 40223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTSCH, WILLIAM A 5400 RANDOM WAY LOUISVILLE KY 40291	<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"/> 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

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:

William A. Motsch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Motsch

Date

502/479-8540

Daytime Phone #

CR2E034 (10/00)