

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90232 017 \*\*\*150.00

DOCUMENT # P94000092974



1. Entity Name  
HONTOON MANAGEMENT CORPORATION

Principal Place of Business  
1300 GARDINER LANE  
SUITE 9  
LOUISVILLE KY 40213  
US

Mailing Address  
1300 GARDINER LANE  
SUITE 9  
LOUISVILLE KY 40213  
US

2. Principal Place of Business  
**5400 RANDOM WAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**5400 RANDOM WAY**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**LOUISVILLE, KY**  
Zip  
**40291**  
Country  
**USA**

City & State  
**LOUISVILLE, KY.**  
Zip  
**40291**  
Country  
**USA**

4. FEI Number **59-3300068**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIANA E. GOULD  
1636 RED MANGROVE DRIVE  
DELAND FL 32724

7. Name and Address of New Registered Agent

Name **April Stomberg**  
Street Address (P.O. Box Number is Not Acceptable)  
**32444 Ranchero Rd**  
City **Deland** FL Zip Code **32720**

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 **April Stomberg, April Stomberg - General Manager 2/5/03**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D CARTER, GARY L**  
STREET ADDRESS **P.O. BOX 666 N/A**  
CITY-ST-ZIP **MONTICELLO KY 42633**

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

TITLE ☐ Delete  
NAME **D SCOTT, JERRY L**  
STREET ADDRESS **1013 BURNING SPRINGS DR**  
CITY-ST-ZIP **LOUISVILLE KY 40223**

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

TITLE ☐ Delete  
NAME **D MOTSCH, WILLIAM A**  
STREET ADDRESS **5400 RANDOM WAY**  
CITY-ST-ZIP **LOUISVILLE KY 40291**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM A. MOTSCH, J.P. 2/9/03 (502) 499-1835**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)