

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049217

1. Entity Name

FARMER ADVERTISING AGENCY, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90032 033 ***150.00

00028968



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8111 SHELBYVILLE ROAD LOUISVILLE KY 40222 US	8111 SHELBYVILLE ROAD LOUISVILLE KY 40222-5419 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	59-3391280	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
UNDERWOOD, ROBERT L CARL A. BERTOCH, P.A. 537 E. PARK AVE. TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent		
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 _____ (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, 2000 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	
TITLE	PC
NAME	FARMER, TRACY
STREET ADDRESS	8665 BAY COLONY DRIVE #1804
CITY-ST-ZIP	NAPLES FL 34108-6774
TITLE	S
NAME	BUCK GLORIA,
STREET ADDRESS	8111 SHELBYVILLE ROAD
CITY-ST-ZIP	LOUISVILLE KY 40222
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S
NAME	Smith, Michael
STREET ADDRESS	8111 Shelbyville Rd.
CITY-ST-ZIP	Louisville, KY 40222
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00
Date

502-426-2226
Daytime Phone #

CR2E034 (9/99)