

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90011 007 ***150.00

DOCUMENT # P96000082560

1. Entity Name

TF PROPERTIES, INC.

Principal Place of Business

**1605 E HILLSBOROUGH
TAMPA FL 33610-8231**

Mailing Address

**9100 MARKSFIELD ROAD
LOUISVILLE KY 40222**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

430 Executive Park

Suite, Apt. #, etc.

City & State

Louisville, KY

Zip

Country

40207

Country

USA

4. FEI Number

58-2276628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
NAME **SHAVER, J. ROBERT**
STREET ADDRESS **9100 MARKSFIELD ROAD**
CITY-ST-ZIP **LOUISVILLE KY 40222**

TITLE **VP** ☐ Delete
NAME **GRAHAM, KATHRYN S**
STREET ADDRESS **9100 MARKSFIELD ROAD**
CITY-ST-ZIP **LOUISVILLE KY 40222**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☒ Change ☐ Addition
NAME **Shaver, J. Robert**
STREET ADDRESS **430 Executive Park**
CITY-ST-ZIP **Louisville, Ky 40207**

TITLE **VP/S/D** ☒ Change ☐ Addition
NAME **Graham, Kathryn S.**
STREET ADDRESS **430 Executive Park**
CITY-ST-ZIP **Louisville, Ky 40207**

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

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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:

Kathryn S. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/10/01

Daytime Phone #

502-895-2969

0134194 AT

CR2E034 (5/01)