## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G73531

**Entity Name: NTS/ORLANDO DEVELOPMENT COMPANY** 

FILED
Apr 26, 2018
Secretary of State
CC1377838543

## **Current Principal Place of Business:**

500 NORTH HURSTBOURNE PARKWAY

SUITE 400

LOUISVILLE, KY 40222

## **Current Mailing Address:**

500 NORTH HURSTBOURNE PARKWAY SUITE 400

LOUISVILLE, KY 40222 US

FEI Number: 61-1047138 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Officer/Director Detail:

Title CHAIRMAN & DIRECTOR Title PRESIDENT

Name NICHOLS, J D Name LAVIN, BRIAN F

Address 500 NORTH HURSTBOURNE Address 500 NORTH HURSTBOURNE

PARKWAY PARKWAY SUITE 400 SUITE 400

City-State-Zip: LOUISVILLE KY 40222 City-State-Zip: LOUISVILLE KY 40222

Title SENIOR VP & TREASURER Title EXE VP

Name PITCHFORD, DAVID B Name WELLS, GREGORY A

Address 500 NORTH HURSTBOURNE Address 500 NORTH HURSTBOURNE

PARKWAY PARKWAY SUITE 400 SUITE 400

City-State-Zip: LOUISVILLE KY 40222 City-State-Zip: LOUISVILLE KY 40222

Title SENIOR VP & SECRETARY

Name TAFEL, ROSANN D

Address 500 NORTH HURSTBOURNE

PARKWAY SUITE 400

City-State-Zip: LOUISVILLE KY 40222

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROSANN D TAFEL SENIOR VP/SEC 04/26/2018

Date