

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90057 034 \*\*\*150.00

**DOCUMENT # 841895**

1. Entity Name

**FLORENCE & HUTCHESON, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 7267  
2550 IRVIN COBB DR.  
PADUCAH KY 42002-7267

P.O. BOX 7267  
2550 IRVIN COBB DR.  
PADUCAH KY 42002-7267

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **61-0648608**

Applied For  
Not Applicable

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

**GLUNT, MILTON**  
**9753 S. ORANGE BLOSSOM TRAIL**  
**ORLANDO FL 32821**

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 \$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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>UPSHAW, WAYNE S</b>
STREET ADDRESS	<b>2550 IRVIN COBB DR</b>
CITY-ST-ZIP	<b>PADUCAH KY</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>HUGHES, JERRY D</b>
STREET ADDRESS	<b>STE 230 1231 MURFEESBORO RD</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>
TITLE	<b>SV</b> <input type="checkbox"/> Delete
NAME	<b>GLUNT, BEN G</b>
STREET ADDRESS	<b>2550 IRVIN COBB DR</b>
CITY-ST-ZIP	<b>PADUCAH KY</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>SANDERS, SUZANNE</b>
STREET ADDRESS	<b>2550 IRVIN COBB DRIVE</b>
CITY-ST-ZIP	<b>PADUCAH KY</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>ECHOLS, JR ROBERT L</b>
STREET ADDRESS	<b>2700 MIDDLEBURG DRIVE</b>
CITY-ST-ZIP	<b>COLUMBIA SC 29204</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>THACHER DAN</b>
STREET ADDRESS	<b>2550 IRVIN COBB DR</b>
CITY-ST-ZIP	<b>PADUCAH KY 42003</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Suzanne Sanders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/23/01* <sup>270-</sup>  
*444-9691*

CR2E034 (10/00)

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