

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90021 017 ***550.00

DOCUMENT # F93000003800

1. Entity Name
KENNETH O. LESTER COMPANY, INC.

Principal Place of Business Mailing Address
245 CASTLE HEIGHTS AVENUE NORTH **245 CASTLE HEIGHTS AVENUE NORTH**
LEBANON TN 37087 **LEBANON TN 37087**

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 **62-0458264** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	PD HOFFMAN, THOMAS 1931 ROANOKE DRIVE LEBANON TN 37087	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D MILTON, PATRICK A. 108 SOUTH FORK DRIVE LEBANON TN 37087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Milton, P. Agee
<input checked="" type="checkbox"/> Delete	SD SOBER, DAVID W 14115 BIG BEAR COURT MONTPELIER VA 23192	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Nathan Duet 6800 Paragon Plce Suite 380 Richmond, Va 23230
<input type="checkbox"/> Delete	D NEELY, P. S 1418 PALMER ROAD LEBANON TN 37090	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D SLEDD, ROBERT C 213 COLONY LAKE DRIVE RICHMOND VA 23233	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D GRAY, C. M 2624 LACLEDE AVENUE RICHMOND VA 23233	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 REQUIRED** 7-11-00 Date Daytime Phone #

CR2E034 (5/00)