

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90008 009 \*\*\*150.00

**DOCUMENT # F99000000072**

1. Entity Name

**LOCUST CENTER, LTD., INC.**

Principal Place of Business

**303 LOCUST ST. SUITE 150  
 DES MOINES IA 50309**

Mailing Address

**303 LOCUST ST. SUITE 150  
 DES MOINES IA 50309**

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 **42-1351043**

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

**MCAFEE, J. DANIEL  
 99900 OVERSEAS HWY  
 KEY LARGO FL 33037**

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	PD	<input type="checkbox"/> Delete
NAME	GERLEMAN, BRUCE W	
STREET ADDRESS	448 COUNTY LINE RD	
CITY-ST-ZIP	CUMMING IA 50061	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GERLEMAN, TONI L	
STREET ADDRESS	448 COUNTY LINE RD	
CITY-ST-ZIP	CUMMING IA 50061	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GERLEMAN, GRETCHEN	
STREET ADDRESS	448 COUNTY LINE RD	
CITY-ST-ZIP	CUMMING IA 50061	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GERLEMAN, GRANT	
STREET ADDRESS	448 COUNTY LINE RD	
CITY-ST-ZIP	CUMMING IA 50061	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERLEMAN, ANNA	
STREET ADDRESS	448 COUNTY LINE RD	
CITY-ST-ZIP	CUMMING IA 50061	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Bruce W. Gerleman President* 3-2-01 515-244-1005

CR2E034 (10/00)