

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90196 046 ****61.25

DOCUMENT # 719586

1. Entity Name

LCI FLOTILLA II REUNION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2801 HWY 6 E 353 IOWA CITY IA 52240 US	2801 HWY 6 E 353 IOWA CITY IA 85220-6482 US

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
42-1093151	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, L. LEVERETT
5746 TIMBERLAKE DRIVE
SARASOTA FL 34243

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HELM, DEAN	
STREET ADDRESS	100 BROADVIEW	
CITY-ST-ZIP	SPRINGFIELD PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, JAMES	
STREET ADDRESS	5000 CLARMAN RD.643	
CITY-ST-ZIP	JEFFERSONTON KY	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTILLO, ROBERT	
STREET ADDRESS	3500 BUCHANAN AVE TRL 143	
CITY-ST-ZIP	RIVERSIDE CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, L.L.	
STREET ADDRESS	5746 TIMBERLAKE DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CARTER, PAUL L	
STREET ADDRESS	2801 HWY 6E 353	
CITY-ST-ZIP	IOWA CITY IA	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HERBER, EDWARD A.	
STREET ADDRESS	10550 W 73RD PLACE	
CITY-ST-ZIP	ARJADA CO	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Carter* **RESERVED** Paul Carter Sec Trea **1-21-00** 1-619-338-2473 1-480-984-8352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)