

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90057 005 \*\*\*\*61.25

**DOCUMENT # 719586**

1. Entity Name  
**LCI FLOTILLA II REUNION ASSOCIATION, INC.**



**90008596**



CHECK HERE IF MAKING CHANGES

Principal Place of Business 2801 HWY 6 E 353 IOWA CITY IA 52240 US	Mailing Address 2801 HWY 6 E 353 IOWA CITY IA 52240 US
2. Principal Place of Business <i>10550 W. 73<sup>rd</sup> PLACE</i>	3. Mailing Address <i>10550 W. 73<sup>rd</sup> PLACE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Arvada, CO</i>	City & State <i>Arvada, CO</i>	4. FEI Number <b>42-1093151</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>80005</i>	Country <i>Jefferson</i>	Zip <i>80005</i>	Country <i>Jefferson</i>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>WRIGHT, L LEVERETT 5746 TIMBERLAKE DRIVE SARASOTA FL 34243</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>Riedel, Marshall W.</b> <b>120 E. Roses Rd.</b> <b>San Gabriel, CA 91775</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: E. NICHOLAS** *[Signature]* **1/21/03** **308-481-2358**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)