## 2020 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DÖCUMENT # 837597 May 15, 2000 8:00 am 1. Entity Name Secretary of State LUCO DEVELOPMENT INCORPORATED 05-15-2000 90163 029 \*\*\*150.00 Mailing Address Principal Place of Business COLONIAL BANK CENTRE P O BOX 160306 MOBILE AL 36616-1306 41 NORTH BELTLINE HIGHWAY MOBILE AL 33608-121 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 63-0718312 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMPUS, JOSEPH J III Street Address (P.O. Box Number is Not Acceptable) 3298 SUMMIT BLVD #18 PENSACOLA FL 32503 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Addition ☐ Change PD TITLE TITLE ☐ Delete NAME NAME SAINT, JOHN B. STREET ADDRESS STREET ADDRESS 41 NORTH BELTLINE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36608 ☐ Addition Change Delete TITLE TITLE NAME NAME WESCH, PAUL C. STREET ADDRESS STREET ADDRESS 41 NORTH BELTLINE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP1 MOBILE AL 36608 - --- -☐ Change Addition TITI F Delete TITLE NAME ISHEE, WILLIAM H. NAME STREET ADDRESS STREET ADDRESS 41 NORTH BELTLINE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36608 ☐ Addition ☐ Change TITLE ☐ Delete TITLE KELLY JR., DONALD P. NAME NAME STREET ADDRESS STREET ADDRESS 41 NORTH BELTLINE HIGHWAY CITY-ST-ZIP CITY-ST-7IP MOBILE AL 36608 ☐ Change ☐ Addition ☐ Delete TITLE NAME STEFAN, CHESTER J. NAME STREET ADDRESS STREET ADDRESS 41 NORTH BELTLINE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36608 ☐ Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 received 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.

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

SIGNATURE:

S OFFICER OR DIRECTOR

4-28-00

(334) 380 -29*29* 

Daytime Phone #