

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B02000000273

1. Entity Name
LUCAS CLERMONT II LIMITED PARTNERSHIP



FILED

03 APR 29 AM 8:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
209 E. STATE STREET
COLUMBUS OH 43215

Mailing Address
209 E. STATE STREET
COLUMBUS OH 43215

2. Principal Place of Business
191 W NATIONWIDE BLVD

3. Mailing Address
191 W NATIONWIDE BLVD

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.
SUITE 200

DUE BY MAY 1, 2003

City & State
COLUMBUS, OH

City & State
COLUMBUS, OH

4. FEI Number
06-1641517

Applied For
Not Applicable

Zip
43215-2568

Country

Zip
43215-2568

Country

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

GREENE, ROBERT ESQ
1301 SIXTH AVENUE WEST, SUITE 400
BRADENTON FL 34205

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$811,021.17

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F98000002647
NAME CASTO CLERMONT CORPORATION
STREET ADDRESS 209 EAST STATE STREET
CITY-ST-ZIP COLUMBUS OH 43215

STREET ADDRESS 191 W NATIONWIDE BLVD, SUITE 200
CITY-ST-ZIP COLUMBUS, OH 43215-2568

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED DON M. CASTO, III

4/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0019784 MB

STAPLE CHECK HERE