


# 2000 UNIFORM BUSINESS REPORT (UBR)

CD19215 AB

**DOCUMENT # B95000000177**  
 1. Entity Name  
**LUC LAKE HANCOCK LIMITED PARTNERSHIP**

**FILED**  
 00 APR 18 AM 8:48  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



Principal Place of Business Mailing Address  
**BOX 460 - BOX 460**  
**300 GREENBRIER ROAD 300 GREENBRIER ROAD**  
**SUMMERSVILLE WV 26651 SUMMERSVILLE WV 26651-1826**

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

4. FEI Number **55-0711558** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State City & State  
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ROEDER, LOUIS III**  
**7414 SPARKLING LAKE ROAD**  
**ORLANDO FL 32819**

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 \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$81,921.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$81,921.00** 11. **MAKE CHECK PAYABLE TO 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	
DOCUMENT #	<b>F95000002438</b>
NAME	<b>LAND USE CORPORATION</b>
STREET ADDRESS	<b>BOX 460, 300 GREENBRIER ROAD</b>
CITY - ST - ZIP	<b>SUMMERSVILLE WV 26651</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	<b>4000003217704--6</b>
STREET ADDRESS	<b>-04/20/00--01113--003</b>
CITY - ST - ZIP	<b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
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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** **JAMES E. DAVIS**  
**VICE-PRESIDENT OF LAND USE CORP-GP** **04/11/00** **(304)872-3000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)