

# 2002 UNIFORM BUSINESS REPORT (UBR)

0019025 AB

**DOCUMENT # B95000000177**

1. Entity Name  
**LUC LAKE HANCOCK LIMITED PARTNERSHIP**

Principal Place of Business  
**BOX 460  
300 GREENBRIER ROAD  
SUMMERSVILLE WV 26651**

Mailing Address  
**BOX 460  
300 GREENBRIER ROAD  
SUMMERSVILLE WV 26651**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**02 APR 22 PM 4:09**

*4/24/26*



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

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **55-0711558** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DUE BY MAY 1, 2002**

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

9. Capital Contributions as Shown on record **\$81,921.00**

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>F95000002438 LAND USE CORPORATION BOX 460, 300 GREENBRIER ROAD SUMMERSVILLE WV 26651</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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* **SIGNATURE REQUIRED** *Land Use Corp. G.P.* **4/17/02** **(304) 872-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)