

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90028 039 ***150.00

DOCUMENT # F00000002481

1. Entity Name

LINCOLN REALTY CAPITAL CORPORATION

Principal Place of Business

Mailing Address

**200 EAST BERRY STREET
 FORT WAYNE IN 46802**

**200 EAST BERRY STREET
 FORT WAYNE IN 46802**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **35-2085947**

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **BRODY, STEVEN R**
 STREET ADDRESS **1421 SEVAN LAKE COURT**
 CITY-ST-ZIP **FORT WAYNE IN 46825**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **JENSEN, LEIF D**
 STREET ADDRESS **2619 BARRY KNOLL WAY**
 CITY-ST-ZIP **FORT WAYNE IN 46845**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **KORINKE, WALTER M**
 STREET ADDRESS **2830 COVINGTON RESERVE PARKWAY**
 CITY-ST-ZIP **FORT WAYNE IN 46804**

TITLE **VD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **MONTGOMERY, MARYBETH**
 STREET ADDRESS **3911 VIDA DRIVE**
 CITY-ST-ZIP **FORT WAYNE IN 46815**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **STEPHENSON, TODD R**
 STREET ADDRESS **11104 CREEKWOOD CT.**
 CITY-ST-ZIP **FORT WAYNE IN 46814**

TITLE **VD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **WALTERS, R. WARREN JR**
 STREET ADDRESS **8305 RAMSHIRE LANE**
 CITY-ST-ZIP **FORT WAYNE IN 46835**

TITLE **S** ☐ Change ☒ Addition
 NAME **ROSE, CYNTHIA A.**
 STREET ADDRESS **3380 WEST 1200 NORTH**
 CITY-ST-ZIP **DECATUR IN 46733**

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 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 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.

SIGNATURE: *Steven R. Brody* **President / Director** **March 30, 2001** **219-455-5390**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)