

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90623 001 ***300.00

DOCUMENT # F00000002481

1. Entity Name
LINCOLN REALTY CAPITAL CORPORATION



Principal Place of Business
~~200 EAST BERRY STREET~~
FORT WAYNE IN 46802

Mailing Address
~~200 EAST BERRY STREET~~
FORT WAYNE IN 46802



☒ **CHECK HERE IF MAKING CHANGES**

2. Principal Place of Business
1300 SOUTH CLINTON STREET

3. Mailing Address
1300 SOUTH CLINTON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MAIL CODE 3C-08

City & State

City & State

4. FEI Number 35-2085947

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE **2VPT** ☐ **Delete**
NAME **SUMMERS, ELDON J**
STREET ADDRESS **3127 COUNTRYPARK LANE**
CITY-ST-ZIP **FORT WAYNE IN 46815**

TITLE **VD** ☐ **Delete**
NAME **STEPHENSON, TODD R**
STREET ADDRESS **11104 CREEKWOOD CT.**
CITY-ST-ZIP **FORT WAYNE IN 45814**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
Signature and Typed or Printed Name of Signing Officer or Director
Steven R. Brody

President/Director

March 4, 2003 260-455-5390

Date

Daytime Phone #

CR2E034 (10/02)