

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002234

1. Entity Name

LCS-IMPERIAL CLUB, INC.

Principal Place of Business

800 SECOND AVENUE  
DES MOINES IA 50309

Mailing Address

800 SECOND AVENUE  
DES MOINES IA 50309

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 39-1883757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

TITLE PD  
NAME THURSTON, STAN G  
STREET ADDRESS 800 SECOND AVENUE  
CITY-ST-ZIP DES MOINES IA 50309 ☐ Delete

TITLE VSD  
NAME HOOVER, STEPHEN J  
STREET ADDRESS 8725 ROSEHILL RD STE 212  
CITY-ST-ZIP LENEXA KS 66215 ☒ Delete

TITLE VD  
NAME KENNY, EDWARD R  
STREET ADDRESS 800 SECOND AVENUE  
CITY-ST-ZIP DES MOINES IA 50309 ☐ Delete

TITLE VD  
NAME HARRISON, MARY J  
STREET ADDRESS 800 NW 17 AVE  
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE T  
NAME NEIS, ARTHUR  
STREET ADDRESS 800 SECOND AVENUE  
CITY-ST-ZIP DES MOINES IA 50309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE Vice President - CFO  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur V. Neis

4-18-01 (515) 245-7650

Date

Daytime Phone #

0598749

CR2E034 (10/00)