

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001625

1. Entity Name

LCS/VENICE, 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

400 Locust Street

3. Mailing Address

400 Locust Street

Suite, Apt. #, etc.

Suite 820

Suite, Apt. #, etc.

Suite 820

City & State

Des Moines, Iowa

City & State

Des Moines, Iowa

Zip

50309-2334

Country

USA

Zip

50309-2334

Country

USA

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	CEOP THURSTON, STAN G 800 SECOND AVENUE DES MOINES IA 50309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENNY, EDWARD R 800 SECOND AVENUE DES MOINES IA 50309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARRISON, MARY J 800 NW 17 AVE DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LARSON, KENTON C 800 SECOND AVENUE DES MOINES IA 50309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO NEIS, ARTHUR V 800 SECOND AVENUE DES MOINES IA 50309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	400 Locust Street, Suite 820 Des Moines, Iowa 50309-2334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	400 Locust Street, Suite 820 Des Moines, Iowa 50309-2334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6000005554196--9 -05/16/02--0101 Change 022 Addition ***1700.00 ***150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	400 Locust Street, Suite 820 Des Moines, Iowa 50309-2334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D Joel D. Nelson 400 Locust Street, Suite 820 Des Moines, Iowa 50309-2334	

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

Date

Daytime Phone #

FILED

02 MAY -6 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)