

# 2002 UNIFORM BUSINESS REPORT (UBR)

0607282  
AT

DOCUMENT # F97000001627

1. Entity Name

LCS/PORT CHARLOTTE, 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

Suite, Apt. #, etc.

Suite 820

City & State

Des Moines, Iowa

Zip  
50309-2334

Country  
USA

3. Mailing Address

400 Locust Street

Suite, Apt. #, etc.

Suite 820

City & State

Des Moines, Iowa

Zip  
50309-2334

Country  
USA

4. FEI Number

39-1883761

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, 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  
PCEO  
THURSTON, STAN G  
800 SECOND AVENUE  
DES MOINES IA 50309 ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
LARSON, KENTON C  
800 SECOND AVENUE  
DES MOINES IA 50309 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
NEIS, ARTHUR V  
800 SECOND AVENUE, SUITE 200  
DES MOINES IA 50309-1380 ☐ 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  
400 Locust Street, Suite 820  
Des Moines, Iowa 50309-2334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
400 Locust Street, Suite 820  
Des Moines, Iowa 50309-2334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700005554197--6

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
-05/16/02--01015  
\*\*\*1700.00 \*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
400 Locust Street, Suite 820  
Des Moines, Iowa 50309-2334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ 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:

*Rebecca REPUL* 4-25-02 (515) 875-4674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

FILED

02 MAY -6 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE