

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90174 030 ***150.00

DOCUMENT # F97000002737

1. Entity Name
LC COMMUNICATIONS CO.

Principal Place of Business

5400 S UNIVERSITY DRIVE
STE 504
DAVIE FL 33328
US

Mailing Address

5400 S UNIVERSITY DRIVE
STE 504
DAVIE FL 33328
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2269 S. University Dr.
319

3. Mailing Address

2269 S. University Dr.
319

City, Apt. #, etc.

DAVIE FL

City, Apt. #, etc.

DAVIE FL

Zip
33324

Country
USA

Zip
33324

Country
USA

4. FEI Number **13-3467093**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
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	SCOB	<input type="checkbox"/> Delete
NAME	LAPIN, DOUGLAS	
STREET ADDRESS	5400 S UNIVERSITY DRIVE, SUITE 504	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	PGF	<input checked="" type="checkbox"/> Delete
NAME	NEPTUNE, JOAN	
STREET ADDRESS	5400 S UNIVERSITY DRIVE STE 504	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	NEPTUNE, JOAN	
STREET ADDRESS	5400 S UNIVERSITY DRIVE STE 504	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	NEPTUNE, MARK	
STREET ADDRESS	5400 S UNIVERSITY DRIVE STE 504	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	ROLENDIA, WILLIAM	
STREET ADDRESS	5400 S UNIVERSITY DRIVE STE 504	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2269 S. University Dr. # 319	
CITY-ST-ZIP	DAVIE, FL. 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

CR2E034 (9/01)