

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012055

1. Entity Name

LUCAS HOLIDAYS, L.L.C.

FILED  
Jul 01, 2002 8:00 am  
Secretary of State

05-22-2002 90252 019 \*\*\*\*50.00

Principal Place of Business

726 S.E. 43RD TERRACE  
CAPE CORAL FL 33904

Mailing Address

726 S.E. 43RD TERRACE  
CAPE CORAL FL 33904

2. Principal Place of Business

4420 SW 1ST PLACE

3. Mailing Address

4420 SW 1ST PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33914

Country

US

Zip

33914

Country

US

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIETZ, RALF  
726 SE 43RD TERRACE  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

DIETZ, RALF

Street Address (P.O. Box Number is Not Acceptable)

4420 SW 1ST PLACE

City

CAPE CORAL

FL

Zip Code

33914

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM ARNE OLAF RIEBER  
726 S.E. 43RD TERRACE  
CAPE CORAL FL 33904 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM ARNE OLAF RIEBER  
4420 SW 1ST PLACE  
CAPE CORAL FL 33914 ☒ Change ☐ Addition

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED ARNE RIEBER

4-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)

Attachment

ASI

Accounting Specialists International, Inc.

June 25, 2002

95902

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Attention: Annual Reports Section

Re: Lucas Holidays, L.L.C.  
L00000012055

Dear Sir or Madam:

We are in receipt of your letter indicating that the uniform business report for the above-referenced entity has not been filed because the FEI number was omitted. Your records indicated that the FEI number had been applied for prior to filing of the 2002 UBR.

As the new accountant for this entity, we do not have complete records for this entity and have been unable to obtain evidence of the issuance of the FEI number. At this point, we are only able to provide you with a copy of the SS-4 (Application for Employer Identification Number) as it was originally prepared.

We are in the process of researching the matter and will either be able to provide you with the FEI that was originally applied for, or we will initiate a new application in order to resolve the matter.

Please advise if the UBR as submitted will be accepted.

Very truly yours,  
ACCOUNTING SPECIALISTS INTERNATIONAL, INC.

  
Claudia Shaw  
President

CS/cw

Attachment

Attachment 95982  
#L00000012055

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>Lucas Holidays, L.L.C.</b>	
	2 Trace name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>726 S.E. 43rd Terrace</b>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>Cape Coral, Florida 33904</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>Lee County, Florida</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <b>German Citizen</b> <b>Arne O. Rieber</b> <b>See Passport</b>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |  |  |
|--|--|
| <input type="checkbox"/> Sole proprietor (SSN)   | <input type="checkbox"/> Estate (SSN of decedent)      |
| <input type="checkbox"/> Partnership   | <input type="checkbox"/> Plan administrator (SSN)      |
| <input type="checkbox"/> REMIC   | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government  | <input type="checkbox"/> Trust                         |
| <input type="checkbox"/> Church or church-controlled organization                      | <input type="checkbox"/> Federal government/military   |
| <input type="checkbox"/> Other nonprofit organization (specify) ►                      | (enter GEN if applicable)                              |
| <input checked="" type="checkbox"/> Other (specify) ► <b>Limited Liability Company</b> |  |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

**Florida**

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ► **Real Estate Investment**

☐ Banking purpose (specify purpose) ►

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Created a trust (specify type) ►

☐ Other (specify) ►

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ►

10 Date business started or acquired (month, day, year) (see instructions)  
**September 29, 2000**

11 Closing month of accounting year (see instructions)  
**December**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . .

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ► **Real Estate Investment**

15 Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A

☐ Public (retail) ☐ Other (specify) ►

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► **Arne O. Rieber, Member**

Signature ► **Arne O. Rieber** Date ► **10/18/00**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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