

2000 UNIFORM BUSINESS REPORT (UBR)

0013662
IN

DOCUMENT # L98000000075

1. Entity Name
LINCOLN POINTE HOLDING COMPANY, L.L.C.

FILED

00 JAN 27 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O ASB CAPITAL MANAGEMENT
1101 PENNSYLVANIA AVE., N.W.
WASHINGTON DC 20004

Mailing Address
C/O ASB CAPITAL MANAGEMENT
1101 PENNSYLVANIA AVE., N.W.
WASHINGTON DC 20004-2514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2093571

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR LOWMAN, PAUL ☐ Delete
STREET ADDRESS 1101 PENNSYLVANIA AVE., N.W.
CITY-ST-ZIP WASHINGTON DC 20004

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 200003119752--6
02/01/00 01138-010
*****50.00 *****50.00

TITLE NAME MGR DOPP, J. MICHAEL ☐ Delete
STREET ADDRESS 1101 PENNSYLVANIA AVE., N.W.
CITY-ST-ZIP WASHINGTON DC 20004

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

TITLE NAME MGR DICKSON, DIANE ☐ Delete
STREET ADDRESS 1101 PENNSYLVANIA AVE., N.W.
CITY-ST-ZIP WASHINGTON DC 20004

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)