

# 2001 UNIFORM BUSINESS REPORT (UBR)

0027114 AF

MP

DOCUMENT # L98000000075

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 MAR -2 PM 2:05

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2093571

Applied For  
Not Applicable

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  
STREET ADDRESS 1101 PENNSYLVANIA AVE., N.W.  
CITY-ST-ZIP WASHINGTON DC 20004 ☒ Delete

TITLE NAME Manager Skram, John P.  
STREET ADDRESS 1101 Pennsylvania Ave, NW  
CITY-ST-ZIP Washington, DC 20004 ☒ Change ☐ Addition

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700003819947--0  
-03/09/01--01021--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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: Diane L. Dickson, Manager

1/25/01

(202) 383-6394

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

Date

Daytime Phone #

CR2E083 (11/00)