

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90063 029 \*\*\*\*61.25

**DOCUMENT # N95000003967**

1. Entity Name

**LINCOLN CENTER FOR PUBLIC SERVICE, INC.**

Principal Place of Business

Mailing Address

**NATIONS BANK BUILDING  
 1901 SOUTH FEDERAL HWY. STE #311  
 DELRAY BEACH FL 33483  
 US**

**1400 VILLAGE SQUARE BOULEVARD  
 SUITE 3  
 TALLAHASSEE FL 32312-1231**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3330155**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYER, RONALD G ESQ.  
 MEYER AND BROOKS, P.A.  
 2544 BLAIRSTONE PINES DRIVE  
 TALLAHASSEE FL 32399**

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  
 NAME **BROWN, BRAD**  
 STREET ADDRESS **1400 VILLAGE SQUARE BLVD, STE.3333**  
 CITY-ST-ZIP **TALLAHASSEE FL**

Delete

TITLE **D**  Change  Addition  
 NAME **MIKE KATIN**  
 STREET ADDRESS **1400 Village sq Blvd 3333**  
 CITY-ST-ZIP **Tallahassee Fl 32312**

TITLE **D**  
 NAME **SUKHIA, KEN**  
 STREET ADDRESS **1400 VILLAGE SQUARE BLVD., STE.3333**  
 CITY-ST-ZIP **TALLAHASSEE FL**

Delete

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  
 NAME **BOLT, BILL**  
 STREET ADDRESS **1400 VILLAGE SQUARE BLVD, STE.3333**  
 CITY-ST-ZIP **TALLAHASSEE FL**

Delete

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  
 NAME **BROWN, DAVID**  
 STREET ADDRESS **1400 VILLAGE SQUARE BLVD, STE.3333**  
 CITY-ST-ZIP **TALLAHASSEE FL**

Delete

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CT**  
 NAME **SCHUDIZER, PETER**  
 STREET ADDRESS **1400 VILLAGE SQUARE BLVD, STE.3333**  
 CITY-ST-ZIP **TALLAHASSEE FL**

Delete

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/00**

**850-877-3427**

Date

Daytime Phone #

CR2E037 (9/99)