

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90193 026 \*\*\*150.00

**DOCUMENT # P00000046123**

**1. Entity Name**  
**SHOWCASE PROPERTIES OF CENTRAL FLORIDA, INC.**

**Principal Place of Business**  
**7681 NW U.S. HWY 27**  
**OCALA FL 34482**

**Mailing Address**  
**7681 NW U.S. HWY 27**  
**OCALA FL 34482**

80128275



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-3650508**

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**

**MICILCAVAGE, JOLENE C**  
**5188 NW 76TH CT**  
**OCALA FL 34482-2072**

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. I am familiar with, and accept the obligations of registered agent.**

**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 \$550.00 \$1500**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **LUCHENBILL, PHILLIP**  
**STREET ADDRESS** **7681 NW US HWY 27**  
**CITY-ST-ZIP** **OCALA FL 34482**

**TITLE** **VP** ☒ Change ☐ Addition  
**NAME** **LUCHENBILL, PHILLIP**  
**STREET ADDRESS** **7681 NW US HWY 27**  
**CITY-ST-ZIP** **OCALA, FLORIDA 34482**

**TITLE** **VP** ☒ Delete  
**NAME** **SWIFT, ANNETTE B**  
**STREET ADDRESS** **7681 NW US HWY 27**  
**CITY-ST-ZIP** **OCALA FL 34482**

**TITLE** **P** ☐ Change ☒ Addition  
**NAME** **DAUGHERTY, AMANDA**  
**STREET ADDRESS** **7425 NW 45TH LANE**  
**CITY-ST-ZIP** **OCALA, FLORIDA 34482**

**TITLE** **ST** ☐ Delete  
**NAME** **LUCHENBILL, GLORIA**  
**STREET ADDRESS** **7681 NW US HWY 27**  
**CITY-ST-ZIP** **OCALA FL 34482**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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**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:**

*JOLENE C MICILCAVAGE*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/02

352-351-4718  
 Date Daytime Phone #

CR2E034 (4/02)

50128225

# Showcase Properties

July 8, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 323.02-1500

Atchman

# P000-000-46123

**RE: Fee**

To whom it may concern;

As per my conversation with Lynn this afternoon I am submitting our Fee of \$150.00. I received the first notice for the UBR on July 8, 2002 and had not receive any prior notice.

Thank you for being so understanding in this matter. If you have any questions please contact me at 352-351-4718.

Respectfully Yours,

Jolene C. Micilcavage

Jolene C. Micilcavage