

# 2001 UNIFORM BUSINESS REPORT (UBR)

0061701

DOCUMENT # P95000052258

1. Entity Name

LCA DEVELOPMENT, INC.

Principal Place of Business

800 N. HIGHLAND AVENUE, STE. 200  
ORLANDO FL 32803

Mailing Address

PO BOX 4961  
ORLANDO FL 32801-4961  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL, INC.  
390 N. ORANGE AVENUE  
SUITE 1100  
ORLANDO FL 32801

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

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS ☐ Delete  
NAME CARLTON, CHARLES  
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200  
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☐ Addition  
NAME 200004161892-5  
STREET ADDRESS -05/08/01--01059--015  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE VT ☐ Delete  
NAME KROPP, STEVEN G  
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200  
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE VAS ☐ Delete  
NAME MCKINNEY, EUGENE J  
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200  
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

407-297-1600

Date

Daytime Phone #

CR2E034 (10/00)