

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043015

1. Entity Name

LINCOLN LOAN COMPANY

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90970 016 ***150.00

Principal Place of Business

10 SE 2ND STREET
STE 2800
MIAMI FL 33131
US

Mailing Address

100 SE 2ND STREET
STE 2800
MIAMI FL 33131-2150
US

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

65-0802723

Applied For

Not Applicable

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

TACHMES, ALEXANDER I
100 SE 2ND STREET
SUITE 4650
MIAMI FL 33131

Name

Michael Male, Esq.

Street Address (P.O. Box Number is Not Acceptable)

3250 Mary Street, #303

Coconut Grove, FL 33133

City

FL

Zip Code

8. The above named entity certifies 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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	COURSHON, ARTHUR H	
STREET ADDRESS	100 SE 2ND STREET STE 2800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	V	<input type="checkbox"/> Delete
NAME	COURSHON, CAROL B	
STREET ADDRESS	100 SE 2ND STREET STE 2800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TACHMES, ALEXANDER I	
STREET ADDRESS	100 SE 2ND STREET STE 4650	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMON, NANETTE R	
STREET ADDRESS	100 SE 2ND STREET STE 2800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Arthur H. Courshon, President

4/17/00

Date

Daytime Phone #

CR2E034 (9/99)