

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071858 (0)

1. Corporation Name
UCBF, INC.



Principal Place of Business
886 S. DILLARD STREET
WINTER GARDEN FL 34787

Mailing Address
886 S. DILLARD STREET
WINTER GARDEN FL 34787-3910

3. Date Incorporated or Qualified
08/21/1996

3a. Date of Last Report

2. Principal Place of Business
21 884 S. Dillard Street

2a. Mailing Address
26 884 S. Dillard Street

4. FFI Number
99-391977

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
Winter Garden, FL

28 City & State
Winter Garden, FL

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

24 34787 Country
25 USA

29 34787 Country
30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUCKWALDT, JAMES J
886 S. DILLARD STREET
WINTER GARDEN FL 34787

81 Name James J Luckwaldt
82 Street Address (P.O. Box Number is Not Acceptable)
884 S. Dillard Street
83
84 City Winter Garden FL 85 34787

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE 4-21-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCKWALDT, JAMES J	1.2 NAME	Luckwaldt, James J
STREET ADDRESS	372 LAKEVIEW STREET	1.3 STREET ADDRESS	4403 Begonia Ct
CITY-ST-ZIP	ORLANDO FL 32804	1.4 CITY-ST-ZIP	Winter Garden, FL 34786
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCKWALDT, HERBERT V	2.2 NAME	Luckwaldt, Herbert V
STREET ADDRESS	8 CRAWLING STONE ROAD	2.3 STREET ADDRESS	8 Crawling Stone Road
CITY-ST-ZIP	BARRINGTON HILLS IL 60010	2.4 CITY-ST-ZIP	Barrington Hills IL 60010
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE *[Signature]* DATE 4-21-97

CR2E034 (9/96)