

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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000071858 (0)

1. Corporation Name
UCBF, INC.

Principal Place of Business

884 S DILLIARD ST
WINTER GARDEN FL 34787
US

Mailing Address

884 S DILLIARD ST
WINTER GARDEN FL 34787
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1986

4. FEI Number

59-3397977

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 4403 Begonia Ct
Suite, Apt. #, etc.

22 City & State
Windermere, FL

23 Zip
34786

24 Country
USA

2a. Mailing Address

26 4403 Begonia Ct
Suite, Apt. #, etc.

27 City & State
Windermere, FL

28 Zip
34786

29 Country
USA

9. Name and Address of Current Registered Agent

LUCKWALDT, JAMES J
884 S DILLIARD ST
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name
James J Luckwaldt
82 Street Address (P.O. Box Number is Not Acceptable)
4403 Begonia Ct
83
84 City
Windermere
85 Zip Code
FL 34786

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, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

4-19-98
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVTS
LUCKWALDT, JAMES J
4403 BEGOYA CT
WINDEMERE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C
LUCKWALDT, HERBERT V
8 CRAWLING STONE ROAD
BARRINGTON HILLS IL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. 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 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 familiar with, and accept the obligations of, Chapter 607, Florida Statutes; and that my name a Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  James J Luckwaldt

4-19-98

CR2E034 (10/97)