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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

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## DOCUMENT # P96000071858

1. Corporation Name

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90133 049 \*\*\*150.00

UCBF, II	NC.						
Principal Place	<del></del>	Mailing Address					
4403 BEGONIA CT WINDERMERE FL 34786 US		4403 BEGONIA CT WINDERMERE FL 34786 US		•	DO NOT WRITE IN THIS SPACE		
	·				3. Date Incorporated or Qualifed		
					08/21/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applie		
21						Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required		
City & Stat	e .	City & State			6. Election Campaign Financing \$5.00 Ma	у Ве	
23		28			Trust Fund Contribution Added to F	ees	
Zip	Country	Zip	Country	<i>t</i>	8. This corporation owes the current year Intangible		
24	25	29 30	<u> </u>	<del></del>	Personal Property Tax. Yes Address of New Peristered Agent	-NO	
<del> </del>	9. Name and Address of Current	registered Agent	81	Name	10. Name and Address of New Registered Agent		
LIJ <b>C</b>	KWALDT, JAMES J		[8]	Marrie	and the second s	]	
4403 BEGONIA CT			82	Street A	ddress (P.O. Box Number is Not Acceptable).		
WINI	DERMERE FL 34786		83				
			84	City	FL 85 Zip Cod	e	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named co	corporation submits this statement for the purpose of changing its regration's board of directors. I hereby accept the appointment as regist	istered	
office or r	registered agent, or both, in the State of im familiar with and accept the obligation	Florida, Such change was authorized of Society 607 0505 Florida	orized by	the corpor	ration's board of directors. I hereby accept the appointment as regist	ered	
· -	in tarrinar with and accept the obligation	ons of, Section 607.0303, Fighiga	Jaiures				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Rec	gistered Age	nt signature req	quired when reinstating) DATE	<del>-</del> -	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	PVTS	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	LUCKWALDT, JAMES J		1.2 NAME	ļ	. <b>(€</b> "	ļ	
STREET ADDRESS	4403 BEGOVA CT		1.3 STREE	TADORESS			
CITY-ST-ZIP	WINDEMERE FL		1.4 C/TY-S	ST-ZIP			
TITLE	С	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	LUCKWALDT, HERBERT V		2.2 NAME	]	76-	Ì	
STREET ADDRESS			2.3 STREE	TADDRESS		(	
CITY-ST-ZIP	BARRINGTON HILLS IL		2. 4 CITY-	ST-ZIP	9. Car		
TITLE		☐ DELETE	3.1 TITLE		☐ Change 〔	Addition	
NAME	,		3.2 NAME	}		1	
STREET ADDRESS			3.3 STREE	T ADDRESS		Ì	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	]	Change	Addition	
NAME			4. 2 NAME	- (		,	
STREET ADDRESS			4.3 STREE	TADDRESS		ĺ	
CITY-ST-ZIP		<u> </u>	4.4 CITY-S	iT-ZIP			
πŒ		☐ DEL <b>e</b> te	5.1 TITLE	]	Change	Addition	
NAME			5.2 NAME	1		Ì	
STREET ADDRESS				TADDRESS		ţ	
CITY-ST-ZIP			5.4 CITY-S	T-Z/P	PM	FT A direct	
TITLE		DELETE	6.1 TITLE	}	Change (	Addition	
NAME			6.2 NAME			ļ	
STREET ADDRESS	}			TADDRESS		j	
CITY-ST-ZIP	i		6.4 CITY-S	T-ZIP		I	

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 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 any attachment with an address, with all other like empowered.

SIGNATURE: