407/297-1600 Daytime Phone #

3-1-00 Date

2000	UNIFORM	BUSINESS	REPORT	(UBR
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SIGNATURE: SIGNATURE AND TYPED ON PRINTING OF SIGNATURE CONTINUE AND TYPED ON PRINTING OF SIGNATURE CONTINUE CONTINUE

DOCUMENT # P97000022109									
LCA DEVELOPMENT II, INC.						FILED			
						00 MAR 0 PM 4: 45			
		•	Mailing Address						
		P.O. BOX 4961 ORLANDO FL 32802-4961		7	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business 800 N - HIGHLAND AVE. 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State ORLANDO, FC		City & State		4.	FEI Number 59-3455404		Applied For Not Applicable		
3280		Zip	Count	try	5.	Certificate of Status Desired [\$8.75 Fee Req	Additional	
2200	6. Name and Address of Current F	l Registered Agent	<u>1</u>	·	7.	Name and Address of New Regis	·		
				Name					
8&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N ORANGE AVENUE			Street Address (P.O. Box Number 15 Not Acceptable)						
SUITE 1100 ORLANDO FL 32801			ĺ	-94/11/90 -01118 -015 ****150.00 ****150.00					
UNL	1100 FE 32001			City	FL Zip Code				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)				IS \$150.0 will be \$5	50.00	10. Election Campaign Finance Trust Fund Contribution.		5.00 May Be dded to Fees	
11.	OFFICERS AND I	DIRECTORS	12.		A	ODITIONS/CHANGES TO OFFICER			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Kropp, Steve 3300 S Hiawassee Road., Ste Orlando Fl 32835	☐ Delete		E	N COS	TEVEN G. HIGHLAND AVE, S DO, FL 32803)O	
TITLE	VPS CARLTON, CHARLES	☐ Delete	TITLE				Char	nge 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	s 3300 S HIAWASSEE ROAD., STE 107		STRE	ET ADDRESS -ST-ZIP	(0-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
TITLE	VP	Defete	TITLE				Char	nge 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	OLOG O THE TOTAL TOTAL		E ET ADDRESS -ST-ZIP	800 N. HIGHLAND AVE., SUITE 200 OPLANDO, PL 32803					
ππιε	VPAS	☐ Delete	TITLE		J		Char	nge 🗌 Addition	
NAME STREET ADDRESS (NAM/ STRE		an N	HAH AND AVE.	SNITE	,	
CITY-ST-ZIP	ORLANDO FL 32835			-ST-ZIP	BOON. HIGHLAND AVE., SUITEZOO OLLANDO, FL 32803				
TITLE	VPAT	☐ Delete	TITLE				Char	nge 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	0200 0 7,17,111,10022 1107,101,101				BOON. HIGHLAND AVE, SUITE 200 DRUANDO, FL 32803				
TITLE	OURTHOU I F OCCOO	☐ Delete	TITLE		VPT	-00, · = 0-005	☐ Chai	nge 🕅 Addition	
NAME			NAM	F	MILLNE	R. DAVID M	TE 200	•	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP		HIGHLAND AVE., SUI DO, FL 32803	1E 2DO		
13. I hereby o	pertify that the information supplied with on this report or supplemental report is	this filing does not qualify to	or the exe	mption stat	ed in Section	119.07(3)(i), Florida Statutes. I furt	ther certify that	the information ficer or director	
of the cor	on this report or supplemental report is poration or the receiver or trustee empore or on an attachment with an address.	wered to execute this repor	t as requir	red by Cha	pter 607, Flor	rida Statutes; and that my name ap	pears in Block	11 or Block 12 if	