

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90336 031 ***150.00

0453652

DOCUMENT # P98000077045

1. Entity Name

LBCV, INC.

Principal Place of Business

**1100 MAIN STREET
 THE VILLAGES FL 32159**

Mailing Address

**1100 MAIN STREET
 THE VILLAGES FL 32159**

735069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3532731**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BURNSED, R D
 1100 MAIN STREET
 THE VILLAGES FL 32159**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits 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, 2001 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

TITLE Delete
 NAME **P MORSE, H G**
 STREET ADDRESS **1100 MAIN ST**
 CITY-ST-ZIP **THE VILLAGES FL 32159**

TITLE Delete
 NAME **V MORSE, M**
 STREET ADDRESS **1100 MAIN ST**
 CITY-ST-ZIP **THE VILLAGES FL 32159**

TITLE Delete
 NAME **S BURNSED, R D**
 STREET ADDRESS **1100 MAIN ST**
 CITY-ST-ZIP **THE VILLAGES FL 32159**

TITLE Delete
 NAME **T WISE, JOHN**
 STREET ADDRESS **1100 MAIN ST**
 CITY-ST-ZIP **THE VILLAGES FL 32159**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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TITLE Change 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: *R. H. Barry Morse*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.26.01
 Date

(352) 753-2270
 Daytime Phone #

CR2E034 (10/00)