

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022775

1. Entity Name

LCA MANAGEMENT, INC.

Principal Place of Business

3300 SOUTH HIAWASSEE ROAD #107  
ORLANDO FL 32835

Mailing Address

POST OFFICE BOX 4961  
ORLANDO FL 32802-4961

2. Principal Place of Business

800 N. HIGHLAND AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

City & State

ORLANDO, FL

Zip

Country

32803

USA

Zip

Country

4. FEI Number

59-3510946

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVENUE  
SUITE 1100  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

300003204333--5

-04/11/00--01118--010

City

\*\*\*150. FL

\*\*\*150.00

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, 2000 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P
STREET ADDRESS	KROPP, STEVEN G
CITY-ST-ZIP	800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPS
STREET ADDRESS	CARLTON, CHARLES S.
CITY-ST-ZIP	800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPT
STREET ADDRESS	WILLNER, DAVID M.
CITY-ST-ZIP	800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPAT
STREET ADDRESS	LAWLER, THOMAS P.
CITY-ST-ZIP	800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPAS
STREET ADDRESS	MCKINNEY, EUGENE J.
CITY-ST-ZIP	800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YP
STREET ADDRESS	TUTTLE, L. MILLS
CITY-ST-ZIP	800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
STEVEN G. KROPP, PRESIDENT

Date

Daytime Phone #

3-1-00

407/297-1600

FILED

00 MAR 10 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)