

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90058 011 \*\*\*\*70.00

**DOCUMENT # N29015**

1. Entity Name  
**INTERCONTINENTAL FIVE-STAR CORPORATION**



Principal Place of Business  
**2420 SW FOXPOINT TRAIL  
 PALM CITY FL 34990  
 US**

Mailing Address  
**2420 S W FOXPOINT  
 UNIT A  
 PALM CITY FL 34990  
 US**



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 **65-0271579**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ROYCE-WOLFSON, PHILIP  
 2420 SW FOXPOINT TRAIL  
 PALM CITY FL 34990**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOLFSON, PHILIP ROYCE</b>	
STREET ADDRESS	<b>2420 SW FOXPOINT TRAIL</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOLFSON, BETHANY GLENN</b>	
STREET ADDRESS	<b>4401 CAPRI AVENUE</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOLFSON, ALEXANDER</b>	
STREET ADDRESS	<b>115 HIDDEN VALLEY LANE</b>	
CITY-ST-ZIP	<b>NEWTOWN PA</b>	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another fee empowered.

SIGNATURE: *Philip Royce Wolfson* **PHILIP ROYCE-WOLFSON** (President) **1-561-**  
 Date: **Sept. 11, 2000** Daytime Phone #: **288-3726**

CR2E037 (5/00)