

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 15, 2001 8:00 am**  
**Secretary of State**

08-15-2001 90004 049 \*\*\*\*70.00

008736

**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**

*(LA)*

REGISTRATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 recipient 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 all other like empowered.

SIGNATURE: *Philip Royce-Wolfson*

**PHILIP ROYCE-WOLFSON**  
 August 7, 2001

1-561-288-3726

CR2E037 (10/00)