

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90111 013 \*\*\*150.00

0431076

**DOCUMENT # P00000018080**

1. Entity Name  
**FLORIDA INVESTMENT CONSORTIUM, INC.**

Principal Place of Business 316 N. JOHN YOUNG PKWY., STE. 14 KISSIMMEE FL 34741	Mailing Address 316 N. JOHN YOUNG PKWY., STE. 14 KISSIMMEE FL 34741
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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

**59-3628193**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**GROENEDIJK, PETRUS J**  
**316 N. JOHN YOUNG PKWY., STE. 14**  
**KISSIMMEE FL 34741**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 (NOTE: Registered Agent signature required when reinstating)

DATE **1/29/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AKKERMAN, RUDOLF H</b>	
STREET ADDRESS	<b>WILLEM DE ZWIJGERLAAN 19 SANTPOORT</b>	
CITY-ST-ZIP	<b>NOORD HOLLAND NETHERLANDS 2082-BA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<del><b>VANKONINGSBRUGGEN, PETRUS J</b></del>	
STREET ADDRESS	<del><b>HOBEMAPLANTSEON 81 1701 KE</b></del>	
CITY-ST-ZIP	<del><b>HEERHUGOWAARD NETHERLANDS</b></del>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GROENEDIJK, PETRUS J</b>	
STREET ADDRESS	<b>316 N. JOHN YOUNG PKWY., STE. 14</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MARION AKKERMAN</b>	
STREET ADDRESS	<b>WILLEM DE ZWIJGERLAAN 19 SANPOORT</b>	
CITY-ST-ZIP	<b>NOORD HOLLAND NETHERLANDS 2082 BA</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, and all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/29/01** DAYTIME PHONE # **407 944 9515**

CR2E034 (10/00)