

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P92000009664**

1. Entity Name
ICDF, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90076 019 ***150.00

Principal Place of Business Mailing Address
7005 N W 41ST PL **7005 N W 41ST PLACE**
GAINESVILLE FL 32606 **GAINESVILLE FL 32606**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **59-3151655** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KEMPER, ALICIA W
7005 NW 41ST PLACE
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Numbers Not Acceptable)
City State 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 re-registering) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:		
TITLE	D ☐ Delete		TITLE	☐ Change	☐ Addition
NAME	KEMPER, ALICIA W		NAME		
STREET ADDRESS	7005 NW 41ST PL		STREET ADDRESS		
CITY-STATE-ZIP	GAINESVILLE FL 32606		CITY-STATE-ZIP		
TITLE	☐ Delete		TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	☐ Delete		TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	☐ Delete		TITLE	☐ Change	☐ Addition
NAME			NAME		
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CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	☐ Delete		TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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: *Alicia Kemper* **4/23/01** **352-373-1616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone

CR2E034 (10/00)