

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90350 034 ***150.00

DOCUMENT # 596995

1. Entity Name
ICC CAPITAL, INC.



Principal Place of Business
**255 S ORANGE AVE
SUITE 1201
ORLANDO FL 32801-3454
US**

Mailing Address
**255 SOUTH ORANGE AVENUE
SUITE 1201
ORLANDO FL 32801
US**



2. Principal Place of Business
390 NORTH ORANGE AVE

3. Mailing Address
390 NORTH ORANGE AVE

Suite, Apt. #, etc.
SUITE # 2600

Suite, Apt. #, etc.
SUITE # 2600

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number **59-1873605**

Applied For
Not Applicable

Zip **32801** Country **USA**

Zip **32801** Country **USA**

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

**MCMURRY, GRANT I
255 S ORANGE AVE
SUITE 1201
ORLANDO FL 32801**

Name

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

390 NORTH ORANGE AVE, SUITE 2600

City
ORLANDO

FL

Zip Code
32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **M** ☐ Delete
NAME **MCMURRY, BART**
STREET ADDRESS **255 S ORANGE AVE, STE 1201**
CITY-ST-ZIP **ORLANDO FL 32801**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **390 NORTH ORANGE AVE, SUITE 2600**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **C** ☐ Delete
NAME **MCMURRY, GRANT I.**
STREET ADDRESS **255 S ORANGE AVE, STE 1201**
CITY-ST-ZIP **ORLANDO FL 32801**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **390 NORTH ORANGE AVE, SUITE 2600**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **M** ☐ Delete
NAME **TINDAL, MICHAEL**
STREET ADDRESS **255 S ORANGE AVE, STE 1201**
CITY-ST-ZIP **ORLANDO FL 32801**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **390 NORTH ORANGE AVE, SUITE 2600**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **M** ☐ Delete
NAME **RICHEY, JAMES A**
STREET ADDRESS **255 S ORANGE AVE, STE 1201**
CITY-ST-ZIP **ORLANDO FL 32801**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **390 NORTH ORANGE AVE, SUITE 2600**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **M** ☐ Delete
NAME **RUNDELL, RICHARD G**
STREET ADDRESS **255 SOUTH ORANGE AVENUE, SUITE 900**
CITY-ST-ZIP **ORLANDO FL**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **390 NORTH ORANGE AVE, SUITE 2600**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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 607, 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: *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

407-926-7778

Daytime Phone #

CR2E034 (10/02)