

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841718

1. Entity Name

INVESTMENT CAPITAL CORPORATION

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90056 039 \*\*\*150.00

0408767

Principal Place of Business

595 BAY ISLES RD  
SUITE 120-G  
LONGBOAT KEY FL 34228  
US

Mailing Address

595 BAY ISLES RD  
SUITE 120-G  
LONGBOAT KEY FL 34228  
US

841718



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 25-1027690

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

LEVITT, ROBERT B.  
595 BAY ISLES RD STE G  
LONGBOAT KEY FL 34228

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

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 PD  
NAME LEVITT, ROBERT B  
STREET ADDRESS 1201 SOUTHPORT DR  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS  
NAME LEVITT, FLORENCE C  
STREET ADDRESS 1211 GULF OF MEXICO DR.  
CITY-ST-ZIP LONGBOAT KEY FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DC  
NAME LEVITT, IRVING F  
STREET ADDRESS 1211 GULF OF MEXICO DR.  
CITY-ST-ZIP LONGBOAT KEY FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS  
NAME EHRENPREIS, LINDA ANN  
STREET ADDRESS 1 DARLINGTON COURT  
CITY-ST-ZIP PITTSBURGH PA ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VT  
NAME YATES, EDWARD  
STREET ADDRESS 2876 INDIANWOOD DR  
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Edward Yates* : EDWARD YATES

4/5/01

941-383-9599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)