

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29867**

1. Entity Name

ICOT CENTER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

Principal Place of Business
13925 58TH ST. N
CLEARWATER FL 33760

Mailing Address
13925 58TH ST. N
CLEARWATER FL 33760-3721



mf

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

59-3001383

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

ROGERS, DEBORA
C/O WEST FALIA REALTY, INC.
13925 58TH STREET NORTH
CLEARWATER FL 34624

Name **DENNIS W. HILL**

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

13925 58TH STREET NORTH

City **CLEARWATER**

FL

Zip Code

33760

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

Dennis W. Hill

DENNIS W. HILL

4-28-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$11,680,032.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **V40352**
NAME **ICOT CENTER, INC.**
STREET ADDRESS **17755 U.S. 19 N., #150**
CITY - ST - ZIP **CLEARWATER FL**

STREET ADDRESS

CITY - ST - ZIP

500003285705--9
-06/12/00--01134--008
******535.00 ****535.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Dennis W. Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DENNIS W. HILL

4-28-00

Date

(717) 524-4842

Daytime Phone #