

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004532

1. Entity Name

INTERNATIONAL AMERICAN MANAGEMENT COMPANY

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90060 005 ***150.00

Principal Place of Business

1415 FOULK ROAD, STE 200
WILMINGTON DE 19803
US

Mailing Address

1415 FOULK ROAD, STE 200
WILMINGTON DE 19803-2727
US

2. Principal Place of Business

1415 Foulk Rd, Ste. 202

Suite, Apt. #, etc.

Foulkstone Plaza

City & State

Wilmington, DE

Zip

19803

Country

U.S.A.

3. Mailing Address

1415 Foulk Rd, Ste. 202

Suite, Apt. #, etc.

Foulkstone Plaza

City & State

Wilmington, DE

Zip

19803

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0376785

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD ROTHMAN, ROBERT 100 N TAMPA ST #3675 TAMPA FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP STEIN, ANDREW R. 1415 FOULK RD #200 WILMINGTON DE-19803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUSSEF, SHAKER A 1415 FOULK RD #200 WILMINGTON DE 19803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VOSS, DEANNA 1415 FOULK RD #200 WILMINGTON DE 19803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDP GIBBS, THOMAS E 50 N. LAURA ST-STE 2800 JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT GRUBB, DAVID L 1415 FOULK RD #200 WILMINGTON DE 19803	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Morgan W. Davis 1415 Foulk Rd, Ste. 202, Foulkstone P Wilmington, DE 19803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP, Controller Carolyn Scully 1415 Foulk Rd, Ste 202, Foulkstone P Wilmington, DE 19803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP & Asst. Secretary Luann M. Petrellis 1415 Foulk Rd, Ste 202, Foulkstone P Wilmington, DE 19803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Dennis P. Beaulieu 1415 Foulk Rd, Ste 202, Foulkstone P Wilmington, DE 19803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 (302) 479-2100

Date

Daytime Phone #

CR2EC:4 (9/99)