

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K40259

1. Entity Name

ICR DEVELOPMENT CORPORATION

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90074 042 ***150.00

Principal Place of Business

Mailing Address

1617 N. FLAGLER AVENUE
WEST PALM BEACH FL 33407

P.O. BOX 33209
PALM BEACH GARDENS FL 33420-3209
US

2. Principal Place of Business

15300 Park of Commerce Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

Zip

33478

Country

Zip

Country

4. FEI Number

65-0082365

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

NEASE, MARIAN P
5355 TOWN CENTER RD.
STE. 801
BOCA RATON FL 33486

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 CS ☐ Delete
NAME ROTHPLETZ, ROLAND
STREET ADDRESS P.O. BOX 33209 N/A
CITY-ST-ZIP PALM BEACH GARDENS FL 33420

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 ROTHPLETZ, ROLAND Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00

Date

(56) 622-2160

Daytime Phone #

CR2E034 (9/99)