

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001568

1. Entity Name

INTERNATIONAL COUNTER MEASURES ASSOCIATION OF FL

Principal Place of Business

170 WEST DEARBORN ST.
ENGLEWOOD FL 34223

Mailing Address

170 WEST DEARBORN ST.
ENGLEWOOD FL 34223-3237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0901697

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

DUNKIN, DAVID A
170 WEST DEARBORN ST.
ENGLEWOOD FL 34223

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS FARRANT, VALERIE
CITY-ST-ZIP GREENACRES 82 SHALFORD RD. DUCK END GREEN
RAYNE, BRAINTREE, ESSEX U.K. CM75D-F

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KLEIN, WILLIAM
CITY-ST-ZIP 6200 PLATEAU DR.
SPRINGFIELD OH 45502

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

TITLE ☒ Delete
NAME D
STREET ADDRESS GORDON, DOUGLAS
CITY-ST-ZIP STE. 245-156 MERIVALE RD. NEAPEAN, ONTARIO
CANADA K2G 5Y7

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS CANNINGS, JOHN
CITY-ST-ZIP Joss Cottage, Goulds Rd.
Alphamstone Bures, Suffolk CO85HW U.K.

TITLE ☒ Delete
NAME D
STREET ADDRESS DUNKIN, DAVID A
CITY-ST-ZIP 170 WEST DEARBORN ST.
ENGLEWOOD FL 34223

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 617, 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:

Valerie Farrant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/2000

Date

01787269453

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE