

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90201 014 ***150.00

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DOCUMENT # P00000022213

1. Entity Name
INVESTMENT CLUB 2000, INC.



Principal Place of Business
**536 W. CHURCH STREET
ORLANDO FL 32805**

Mailing Address
**536 W. CHURCH STREET
ORLANDO FL 32805**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3632457**

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

**MUNRO, EDWARD G
6620 CANTERLEA DRIVE
ORLANDO FL 32818**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MUNRO, EDWARD G	
STREET ADDRESS	6620 CANTERLEA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WARREN, MARION	
STREET ADDRESS	8218 WELLSMERE CIR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	S	<input type="checkbox"/> Delete
NAME	GORDON, ROHAN	
STREET ADDRESS	2881 TELSTAR AVE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	T	<input type="checkbox"/> Delete
NAME	ATKINSON, GLORIA	
STREET ADDRESS	2881 TELSTAR AVE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	ASTS	<input checked="" type="checkbox"/> Delete
NAME	DUNN, JANEL	
STREET ADDRESS	687 GOLDEN SUNSHINE CIR	
CITY-ST-ZIP	ORLANDO FL 32807-3462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: Rohan Gordon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2003
Date

407-481-9227
Daytime Phone #

CR2E034 (10/02)