

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008215

1. Entity Name

ICON GROUP, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90152 013 \*\*\*150.00

Principal Place of Business

Mailing Address

155 ANNWOOD RD  
PALM HARBOR FL 34685  
US

155 ANNWOOD RD  
PALM HARBOR FL 32578-4029  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

530 Dogwood Dr.

Suite, Apt. #, etc.

530 Dogwood Dr.

City & State

SATELLITE BEACH, FL

City & State

SATELLITE BEACH, FL

Zip

32937

Country

USA

Zip

32937

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3165604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUCHEBNER, MICHAEL J  
155 ANNWOOD RD  
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name

DEBRA K. JOHNSON

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

530 Dogwood Dr.

City

SATELLITE BEACH

FL

Zip Code

32937

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

*Debra K. Johnson*

DEBRA K. JOHNSON

4/4/00

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

TITLE DP ☐ Delete  
NAME BUCHEBNER, MICHAEL J  
STREET ADDRESS 155 ANNWOOD RD  
CITY-ST-ZIP PALM HARBOR FL

TITLE VTD ☐ Delete  
NAME DEBRA K. JOHNSON  
STREET ADDRESS 530 DOGWOOD DR.  
CITY-ST-ZIP SATELLITE BEACH FL

TITLE VS ☐ Delete  
NAME JANET E. BUCHEBNER  
STREET ADDRESS 155 ANNWOOD RD  
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

*Debra K. Johnson*

DEBRA K. JOHNSON

4/4/00

321-777-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)