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# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **993000078796**

1. Entity Name  
International Cooperative Consultants, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business  
32700 U.S. Hwy. 19 No.  
Suite, Apt. #, etc.

3. Mailing Address  
32700 U.S. Hwy. 19 No.  
Suite, Apt. #, etc.

City & State  
Palm Harbor, FL

City & State  
Palm Harbor, FL

Zip Country  
34684 Pinellas

Zip Country  
34684 Pinellas

4. FEI Number  
59-3210157

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Corporation Information Services, Inc.  
1201 Hays Street  
Tallahassee, FL 32301-2525

7. Name and Address of New Registered Agent  
Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
City Tallahassee FL Zip Code 32301

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 *Laura R. Dunlap* Laura R. Dunlap 200004492642-4  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: registered agent signature required when reinstating) DATE 7-24-01

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, 2001 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 NAME	Vice President/Director Regina M. Margulies	<input type="checkbox"/> Delete
STREET ADDRESS	854 Cypress Lakeview Ct.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE NAME	V.P./Secretary/Director William Planes, II	<input type="checkbox"/> Delete
STREET ADDRESS	555 N.E. 15th St. 33E	
CITY-ST-ZIP	Miami, FL 33132	
TITLE NAME	President/Director Steve E. Pallos	<input type="checkbox"/> Delete
STREET ADDRESS	10000 U.S. Hwy. 98 No.	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE NAME	CEO/Director William Planes, Sr.	<input type="checkbox"/> Delete
STREET ADDRESS	854 Cypress Lakeview Ct.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE NAME	Director James W. Keen	<input type="checkbox"/> Delete
STREET ADDRESS	3530 N.W. 89th Way	
CITY-ST-ZIP	Hollywood, FL 33027	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	Vice President/Director Regina M. Planes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	854 Cypress Lake View Ct.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE NAME	Secretary/V.P./Director William Planes, II	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4775 Collins Ave. #1505	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE NAME	Director Steve E. Pallos	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10000 U.S. Hwy 98 No. #972	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE NAME	President/CEO/Director William Planes, Sr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	854 Cypress Lake View Ct.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE NAME	Director James W. Keen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3530 N.W. 89th Way	
CITY-ST-ZIP	Hollywood, FL 33024	
TITLE NAME	Treasurer/Controller Deborah Noll	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4168 Amber Lane	
CITY-ST-ZIP	Palm Harbor, FL 34685	

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: *Larry W. Withers* asst. Secretary/Sr. Vice Pres. July 18 2001 727-781-9885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jul 24, 2001 8:0  
Secretary of Sta

CR2E034 (11/00)

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ATTACHMENT TO UBR OF INTERNATIONAL COOPERATIVE CONSULTANTS,  
INC.

Asst. Secretary/Sr. Vice President Langfred W. White 2094 Ashbury Drive Clearwater, FL 33764	Addition
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Exec. Vice President G. Earl Humphries, III 1030 Lake Drive Woodworth, LA 71485	Addition
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Vice President David Mathes, III 154 Mathes Lane Effie, LA 71331	Addition
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ACCOUNT NO. : 072100000032  
REFERENCE : 233707 5061379  
AUTHORIZATION : *Patricia Pigato*  
COST LIMIT : \$ 61.25

ORDER DATE : July 23, 2001

ORDER TIME : 3:37 PM

ORDER NO. : 233707-015

CUSTOMER NO: 5061379

CUSTOMER: Langfred White, Esq  
Icc Financial Group  
32700 Us Highway 19 North  
Palm Harbor, FL 34684-3119

RECEIVED  
01 JUL 23 PM 3:54  
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: INTERNATIONAL COOPERATIVE  
CONSULTANTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: \_\_\_\_\_