

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90376 017 ***150.00

DOCUMENT # P95000027303

1. Entity Name
ICC CAPITAL MANAGEMENT, INC.



Principal Place of Business
**255 S ORANGE AVE
STE. 1201
ORLANDO FL 32801-3454
US**

Mailing Address
**255 S ORANGE AVE
STE. 1201
ORLANDO FL 32801-3454
US**

2. Principal Place of Business
390 NORTH ORANGE AVE

3. Mailing Address
390 NORTH ORANGE AVE.

Suite, Apt. #, etc.
SUITE 2600

Suite, Apt. #, etc.
SUITE 2600

City & State
ORLANDO, FL 32801

City & State
ORLANDO, FL 32801

Zip

Country

Zip

Country

4. FEI Number **59-3310114**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

10069932



6. Name and Address of Current Registered Agent

**MCMURRY, GRANT I
255 S ORANGE AVE
STE. 1201
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

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

390 NORTH ORANGE AVE., SUITE # 2600

City **ORLANDO**

FL

Zip Code
32801

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

TITLE **CM** ☐ Delete
NAME **MCMURRY, GRANT I**
STREET ADDRESS **255 S. ORANGE AVE., STE. 1201**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **MS** ☐ Delete
NAME **RUNDELL, RICHARD G**
STREET ADDRESS **255 S. ORANGE AVE., STE. 1201**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **M** ☐ Delete
NAME **MCMURRY, BART**
STREET ADDRESS **255 S. ORANGE AVE, SUITE 1201**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **M** ☐ Delete
NAME **TINDAL, MICHAEL H.**
STREET ADDRESS **255 S. ORANGE AVE, SUITE 1201**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **P** ☐ Delete
NAME **RICHEY, J. ANDREW**
STREET ADDRESS **255 S. ORANGE AVE, SUITE 1201**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **390 NORTH ORANGE AVE, SUITE # 2600**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **390 NORTH ORANGE AVE., SUITE # 2600**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **390 NORTH ORANGE AVE., SUITE # 2600**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **390 NORTH ORANGE AVE., SUITE # 2600**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **390 NORTH ORANGE AVE. ST 2600**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **390 NORT ORANGE AVE., SUITE # 2600**
CITY-ST-ZIP **ORLANDO, FL 32801**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

407-926-7778

Daytime Phone #

CR2E034 (10/02)