

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052765

1. Entity Name

INVESTMENT SOURCES, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90056 036 \*\*\*150.00

Principal Place of Business

Mailing Address

% HOLDING CAPITAL GROUP, INC.  
104 CRANDON BLVD., ROOM 419  
KEY BISCAYNE FL 33149

% HOLDING CAPITAL GROUP, INC.  
104 CRANDON BLVD., ROOM 419  
KEY BISCAYNE FL 33149-1542

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

65-0596667

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

SOTO, MYRNA  
104 CRANDON BLVD.  
ROOM 419  
KEY BISCAYNE FL 33149

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME DONAGHY, JAMES W  
STREET ADDRESS 7 RIDGEWOOD DRIVE  
CITY-ST-ZIP BRIDGEWATER CT 06752 ☐ Delete

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

TITLE VS  
NAME LEISCHNER, STEVEN  
STREET ADDRESS 1979 DOGWOOD DRIVE  
CITY-ST-ZIP SCOTCH PLAINS NJ 07076 ☐ Delete

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

TITLE CD  
NAME SPENCER, S.A.  
STREET ADDRESS 251 CRANDON BLVD., #164  
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

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

TITLE AS  
NAME DENIS, LYNNE  
STREET ADDRESS 10 EAST 53RD STREET, 30TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

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

TITLE AS  
NAME CIPULLY, DIANE R.  
STREET ADDRESS 7 RIDGEWOOD DRIVE  
CITY-ST-ZIP BRIDGEWATER CT 06752 ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Steven Leischner*  
Steven Leischner Vice Pres

Date

Daytime Phone #

4/20/00

305-361-8864

CR2E034 (9/99)