

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90009 016 ***550.00

DOCUMENT # P95000086860

1. Entity Name

ICC INVESTMENT ADVISORS, INC.

Principal Place of Business

**255 S. ORANGE AVE
 SUITE 900
 ORLANDO FL 32801**

Mailing Address

**255 S. ORANGE AVE
 SUITE 900
 ORLANDO FL 32801**

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

59-3352012

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SHOCKLEY, FREDERICK J
 1530 VIA TUSCANY DR
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **SHOCKLEY, FREDERICK J**
 STREET ADDRESS **1530 VIA TUSCANY DR**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☐ Delete
 NAME **BROCK, DAVID M**
 STREET ADDRESS **1016 NANCY CIRCLE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **D** ☐ Delete
 NAME **DAVIS, BRYAN**
 STREET ADDRESS **2845 ROCK SPRINGS RD**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **V** ☒ Delete
 NAME **LOHMAN, ANITA L**
 STREET ADDRESS **4215 BELL TOWER COURT**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D** ☐ Delete
 NAME **THAYER, BRONSON A**
 STREET ADDRESS **P.O. BOX 429**
 CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE **V** ☐ Delete
 NAME **LORD, AMY A**
 STREET ADDRESS **8045 BRIDGESTONE DR**
 CITY-ST-ZIP **ORLANDO FL 32835**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
 NAME **Priti Manek**
 STREET ADDRESS **13015 Lakeshore Grove Drive**
 CITY-ST-ZIP **Winter Garden, FL 34787**

TITLE **Senior Analyst** ☐ Change ☒ Addition
 NAME **Brett Winnefeld**
 STREET ADDRESS **13584 Turtle Marsh Loop Unit 112**
 CITY-ST-ZIP **Orlando, FL 32837**

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 or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)