

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018062

1. Entity Name

INTERNATIONAL CHARITY NETWORK OF FLORIDA, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90061 043 ***150.00

Principal Place of Business

120 UNIVERSITY PARK DRIVE
SUITE 150
WINTER PARK FL 32792

Mailing Address

120 UNIVERSITY PARK DRIVE
SUITE 150
WINTER PARK FL 32792

2. Principal Place of Business

4037 METRIC DRIVE

Suite, Apt. #, etc.

SUITE 200

City & State

WINTER PARK FL

Zip

32792

Country

USA

3. Mailing Address

4037 METRIC DR

Suite, Apt. #, etc.

SUITE 200

City & State

WINTER PARK, FL

Zip

32792

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3365510

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VECCIA, DENNIS P
120 UNIVERSITY PARK DRIVE
SUITE 150
WINTER PARK FL 32792

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 \$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 P
NAME CHARANI, AMMAR
STREET ADDRESS 120 UNIVERSITY PARK DRIVE, SUITE 150
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE T
NAME VECCIA, DENNIS P
STREET ADDRESS 120 UNIVERSITY PARK DRIVE, SUITE 150
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 4037 Metric Drive, STE 200
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 4037 Metric Drive, STE 200
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)