

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90017 037 ***150.00

DOCUMENT # P96000080747

1. Entity Name
ISLAND CAPITAL VENTURE, INC.

Principal Place of Business 10065 EMERALD COAST PKWY. STE. C-3 DESTIN FL 32541 US	Mailing Address 10065 EMERALD COAST PKWY. STE. C-3 DESTIN FL 32541-4924 US
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2. Principal Place of Business 1708 OLD HIGHWAY 98	3. Mailing Address 1708 OLD HIGHWAY 98
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DESTIN FL	City & State DESTIN FL	4. FEI Number 59-3422230	Applied For <input type="checkbox"/> Not Applicable
Zip 32541	Country USA	Zip 32541	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent POPE, WILLIAM A. 10065 EMERALD COAST PKWY STE. C-3 DESTIN FL 32541	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1708 OLD HIGHWAY 98 City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOHNADELL, KATHY P 4495-A LUKE AVE. DESTIN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1708 OLD HIGHWAY 98
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPE, WILLIAM A. 10065 EMERALD COAST PKWY, STE. C-3 DESTIN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1708 OLD HIGHWAY 98
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPE, WILLIAM A. III 10065 EMERALD COAST PKWY., STE. C-3 DESTIN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1708 OLD HIGHWAY 98
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 line empowered.

SIGNATURE: William A. Pope **FEB 23 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **850 8374710**
Signature Date Daytime Phone #

CR2E034 (9/99)