

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90136 047 \*\*\*150.00

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**DOCUMENT # P98000024910**

1. Entity Name

ICORR PROPERTIES REALTY INC. ✓



Principal Place of Business

2033 MAIN STREET #600  
SARASOTA FL 34237

Mailing Address

2033 MAIN STREET #600  
SARASOTA FL 34237

2. Principal Place of Business

2 N. Tamiami Trail

3. Mailing Address

2 N. Tamiami Trail

Suite, Apt. #, etc.

Ste 210

Suite, Apt. #, etc.

Ste 210

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34236

Country

US

Zip

34236

Country

USA

4. FEI Number

65-0822192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PFLUGNER, J G  
C/O ICARD-MERRILL  
2033 MAIN STREET #600  
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name **BON H. WOLF C/O ICORR**  
Street Address (P.O. Box Number is Not Acceptable)  
**2 N. Tamiami Trail Ste. 210**  
City **Sarasota** **FL** Zip Code **34236**

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 **D** ☒ Delete  
NAME **BLACK, IAN**  
STREET ADDRESS **2 N. TAMIAAMI TRL #210**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**President**  
**BON H. WOLF** ☐ Change ☒ Addition  
**2 N. Tamiami Trail Ste 210**  
**Sarasota FL 34236**

**ASSIST VP.** ☐ Change ☒ Addition  
**NANCY L. Vates**  
**2 N. Tamiami Trail Ste 210**  
**Sarasota FL 34236**

**ASSIST VP.** ☐ Change ☒ Addition  
**Joan Hall**  
**700 Richmond St Ste #10**  
**LONDON, ONTARIO Canada N6A 5C7**

**Asst Treasurer** ☐ Change ☐ Addition  
**Norton Wolf**  
**700 Richmond St Ste 410**  
**LONDON, ONTARIO, CAN N6A 5C7**

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

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 or other like information.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (10/02)