

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053732

1. Entity Name

INVESTMENT CORPORATION OF VOLUSIA COUNTY

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90054 002 ***150.00

Principal Place of Business 1173 SPRING CENTRE SOUTH BLVD SUITE C ALTAMONTE SPRINGS FL 32714	Mailing Address 1173 SPRING CENTRE SOUTH BLVD SUITE C ALTAMONTE SPRINGS FL 32714-1976
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DO NOT WRITE IN THIS SPACE

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	NOT APPLICABLE	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICES OF SIDNEY L. VIHLEN, III, P.A.
1173 SPRING CENTRE SOUTH BLVD
SUITE C
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name
Vihlen & Sills, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1173 Spring Centre South Blvd.
Suite C
City
Altamonte Springs FL Zip Code
32714

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 *Sidney L. Vihlen, III Pres Vihlen & Sills, P.A.* 4/24/00
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) <input type="checkbox"/>	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIHLEN, SIDNEY L III 1173 SPRING CENTRE SOUTH BLVD ALTAMONTE SPRINGS FL 32716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: *Sidney L. Vihlen, III, Director* 4/24/00 407 786-2200
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)