

# 2000 UNIFORM BUSINESS REPORT (UBR)

0201983

DOCUMENT # P98000101003

1. Entity Name

INDOOR COMFORT GROUP, INC.

FILED

00 FEB 16 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1601 21ST AVENUE SOUTH  
NASHVILLE TN 37212  
US

Mailing Address

C/O LEGAL DEPT  
2665 S BAYSHORE DRIVE, 8TH FLOOR  
MIAMI FL 33133-5448  
US

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

12-1768245

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KLEIN, PETER W~~

2665 S BAYSHORE DRIVE  
8TH FLOOR  
MIAMI FL 33133

Name

Maria C. Callejas

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

Maria C. Callejas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/6/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
LIPMAN, HOWARD  
C/O 1601 21ST AVENUE SOUTH  
NASHVILLE TN 37212

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CED/PIVCOB  
Howard Lipman

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
SHEMANCIK, JOHN  
1601 21ST AVENUE SOUTH  
NASHVILLE TN 37212

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
marilyn D. Kuffer  
2665 S. Bayshore Dr., 8th FL  
Miami FL

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
POWELL, EARL W  
2665 S BAYSHORE DRIVE, 8TH FLOOR  
MIAMI FL 33133

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4000003144164-1  
-02/23/00--01029--001  
\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GEORGE, PHILLIP T M.D.  
2665 S BAYSHORE DRIVE, 8TH FLOOR  
MIAMI FL 33133

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
DILTZ, CHARLES R  
1601 21ST AVENUE, SOUTH  
NASHVILLE TN 37212

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP/COO  
Charles R. Diltz

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KACZYNSKI, WILLIAM F  
2665 S BAYSHORE DRIVE, 8TH FLOOR  
MIAMI FL 33133

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP/D  
William F. Kaczynski

☒ Change ☐ Addition

SP

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 #

1-17-00 305/858-2200

CR2E034 (9/99)