

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104167

1. Entity Name

ICGATE, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90193 044 ***150.00

Principal Place of Business

Mailing Address

628 VIRGINIA DR
ORLANDO FL 32803

628 VIRGINIA DR
ORLANDO FL 32803

2. Principal Place of Business

7457 Aloma Avenue

7457 Aloma Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 302

Suite 302

City & State

City & State

Winter Park FL

Winter Park, FL

Zip

Country

Zip

Country

32792

Orange

32792

Orange

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, DAVID L
628 VIRGINIA DR
ORLANDO FL 32803

Name

Harvell, Franklin K

Street Address (P.O. Box Number is Not Acceptable)

3498 Buffam Place

City

Casselberry

FL

Zip Code

32707

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, 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
D
BRENNAN, TIMOTHY J
628 VIRGINIA DR
ORLANDO FL 32803 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Harvell, Franklin K
3498 Buffam Place
Casselberry, FL. 32707 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 #

29 Mar '00

407 673 2529

CR2E034 (9/99)