

# 2000 UNIFORM BUSINESS REPORT (UBR)

P8192

DOCUMENT # S16571

1. Entity Name  
CICORP, INC.

FILED

00 AUG -8 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

402 S. KENTUCKY AVE.  
4TH FLOOR  
LAKELAND FL 33802

Mailing Address

P.O. BOX 1396  
LAKELAND FL 33802  
US

2. Principal Place of Business

Two S. University Dr.  
Suite, Apt. #, etc.  
220

3. Mailing Address

50 California St  
Suite, Apt. #, etc.  
24

City & State

Plantation, FL  
Zip  
33324  
Country  
USA

City & State

San Francisco, CA  
Zip  
94111  
Country  
USA

4. FEI Number

59-3162092

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name Corporation Service Company

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

1201 Hayes St

City Tallahassee

FL

Zip Code 32301

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	D	<input type="checkbox"/> Delete
NAME	SUTTON, CARLOS K.	
STREET ADDRESS	4210 ROLLING OAK DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Ernest J. Newborn	
STREET ADDRESS	50 California St	
CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Michael L. Pautler	
STREET ADDRESS	50 California St	
CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	Carlos Sutton	<input type="checkbox"/> Delete
NAME	4210 Rolling Oak Dr.	
STREET ADDRESS	Lakeland, FL	
CITY-ST-ZIP	(President)	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Ernest J. Newborn

Date

Daytime Phone #

CR2E034 (5/00)



18292

ACCOUNT NO. : 072100000032

REFERENCE : 789548 7139998

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 550.00

ORDER DATE : August 7, 2000

ORDER TIME : 11:39 AM

ORDER NO. : 789548-005

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart  
Usi Holdings, Inc.  
50 California St.  
24th Floor  
San Francisco, CA 94111

ANNUAL REPORT FILING

NAME: CICORP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA ODOM

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
00 AUG -8 PM 12:57  
DIVISION OF CORPORATION