

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V08296

1. Entity Name  
ICORR PROPERTIES INC.

FILED  
Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90172 025 \*\*\*150.00

Principal Place of Business

2 NO TAMiami TR  
STE 210  
SARASOTA FL 34236  
US

Mailing Address

2 NO TAMiami TRAIL  
STE 210  
SARASOTA FL 34236  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

STE. 210

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0314218

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MCGRATH, JUDY  
2 NO TAMiami TR  
STE 210  
SARASOTA FL 34236

## 7. Name and Address of New Registered Agent

Name Black, Ian  
Street Address (P.O. Box Number is Not Acceptable) 2 N. Tamiami Tr., 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.

SIGNATURE *[Signature]* DATE 3/21/01  
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	C	<input type="checkbox"/> Delete
NAME	WOLF, NORTON	
STREET ADDRESS	572 WELLINGTON ST	
CITY-ST-ZIP	LONDON, ONTARIO, CAN	
TITLE	PS	<input type="checkbox"/> Delete
NAME	WOLF, RON	
STREET ADDRESS	2 NO TAMiami TRAIL, STE. 710	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wolf, Norton	
STREET ADDRESS	700 Richmond Street, Ste. 410	
CITY-ST-ZIP	London, Ontario N6A 5C7 Canada	
TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wolf, Ron	
STREET ADDRESS	2 N. Tamiami Tr., Ste. 210	
CITY-ST-ZIP	Sarasota, FL 34236 USA	
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		

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]* DATE 3/21/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)