

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000810

1. Entity Name

IMPERIAL PROMOTIONS FOUNDATION, INC.

FILED

Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90082 024 ****61.25

Principal Place of Business

3615 PRADO DR.
SARASOTA FL 34237

Mailing Address

3615 PRADO DR.
SARASOTA FL 34237

2. Principal Place of Business

3615 Prado Dr

3. Mailing Address

3615 Prado Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0852802

Applied For

Not Applicable

Zip

Country

34235 Sarasota

Zip

Country

34235 Sarasota

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PITTS, JENNIFER
3615 PRADO DR.
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

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

Jennifer Pitts

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

Jennifer Pitts

(NOTE: Registered Agent signature required when reinstating)

7/5/00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PITTS, JENNIFER	
STREET ADDRESS	3615 PRADO DR.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITTS, HERBERT	
STREET ADDRESS	3615 PRADO DR.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, NAOMI	
STREET ADDRESS	5320 'C' STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JENNIFER PITTS

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

7/5/00 (941) 351-7250

CR2E037 (5/00)