

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0065714

03-08-2001 90133 028 ****61.25

DOCUMENT # 734524

1. Entity Name

IMPERIALAKES COMMUNITY SERVICES ASSOCIATION I, Inc.

Principal Place of Business

P.O. BOX 5983
 LAKELAND FL 33807-5983

Mailing Address

P.O. BOX 5983
 LAKELAND FL 33807-5983

00023273



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1902131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KAUFMAN, KARL E
 4217 STONEHENGE RD
 MULBERRY FL 33860**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

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 **PD** ☐ Delete
 NAME **KAUFMAN, KARL E**
 STREET ADDRESS **4217 STONEHENGE RD**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **TD** ☐ Delete
 NAME **BRAMLEY, MARYON**
 STREET ADDRESS **4195 OLD COLONY RD**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **VPD** ☐ Delete
 NAME **BROWN, RONALD**
 STREET ADDRESS **3008 WOODSONG COURT**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition
 NAME **Karl E. Kaufman**
 STREET ADDRESS **4217 Stonehenge Rd.**
 CITY-ST-ZIP **Mulberry, FL 33860**

TITLE **TD** ☐ Change ☐ Addition
 NAME **Bramley, Maryon**
 STREET ADDRESS **4195 Old Colony Rd.**
 CITY-ST-ZIP **Mulberry, FL 33860**

TITLE **VPD** ☐ Change ☐ Addition
 NAME **Brown Ronald**
 STREET ADDRESS **3008 Woodson Court**
 CITY-ST-ZIP **Mulberry, FL 33860**

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

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

TITLE ☐ Change ☐ 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:

Karl E. Kaufman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kaufman Karl E.

2/23/01

863 425 3886

Date

Daytime Phone #

CR2E037 (10/00)