

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90121 001 *****8.75
07-12-2004 90121 002 *****61.25

DOCUMENT # *N98000000810*

1. Entity Name



Imperial Promotions Foundation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3615 Prado Drive

3. Mailing Address

3615 Prado Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

66429819

DO NOT WRITE IN THIS SPACE

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

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**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Jennifer Pitts*

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

3615 Prado Drive

City *Sarasota, FL*

FL

Zip Code
34235

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME *P-T Jennifer Pitts*
STREET ADDRESS *3615 Prado Dr.*
CITY-ST-ZIP *Sarasota, FL, 34235*

TITLE
NAME *V-S Naomi Brown*
STREET ADDRESS *5316 C St.*
CITY-ST-ZIP *Sarasota, FL 34235*

TITLE
NAME *P Herbert Pitts*
STREET ADDRESS *3615 Prado Dr*
CITY-ST-ZIP *Sarasota, FL 34235*

TITLE
NAME *D Attorney Leon Campbell*
STREET ADDRESS *3526 Prado Dr.*
CITY-ST-ZIP *Sarasota, FL 34235*

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IN THIS SPACE**

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 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 #

CR2E037B (12/02)