

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 298738

1. Entity Name

Polk Imperial Lounge Inc.

Principal Place of Business

150 Hwy 27 N.
Frostproof, Fl.
33843

Mailing Address

1001 McClellan Rd
Frostproof, Fl.
33843

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

AMENDED
\$ 61.25
8.15 (B/S)

FILED

CLERK OF STATE
DIVISION OF CORPORATIONS

Mo. 70.00

00 SEP 27 AM 7:29

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1109008

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

HIGGIN BOTTOM, David B
1001 East Wall Street
Frostproof, Fl. 33843 us

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.
Dixon Lorraine
1001 McClellan Rd.
Frostproof, Fl. 33843

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST.
Bosley, Kimberly
1121 McClellan Rd
Frostproof, Fl. 33843

☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP
300003417863--9
-10/03/00--01005--011
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☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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: Lorraine Dixon - Lorraine Dixon

9/22/00

8636355468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)