

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90150 030 \*\*\*\*61.25

**DOCUMENT # 711280**

1. Entity Name

IMPERIAL RIDGE CHAPTER OF THE SOCIETY OF  
 AMERICAN SOCIETY OF CLU & CHFC, INC.

R

Principal Place of Business

Mailing Address

7021 Pinehaven Drive  
 Lakeland, Florida 33810

P.O. Box 60  
 Kathleen, FL 33849-0060

**00073043**

2. Principal Place of Business

7021 Pinehaven Drive

3. Mailing Address

P.O. Box 60

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lakeland, Florida

City & State

Kathleen, Florida

4. FEI Number

23-7185666

Applied For

Not Applicable

Zip

33810

Country

USA

Zip

33849-0060

Country

USA

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

Barbara A. Gossett  
 7021 Pinehaven Drive  
 Lakeland, Florida 33810-1275

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.

Barbara A. Gossett

SIGNATURE

*Barbara A. Gossett Treasurer*

June 12, 2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn Ritchie
STREET ADDRESS	7401 Cypress Gardens Blvd
CITY-ST-ZIP	Winter Haven, FL 33888-0007
TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Pate
STREET ADDRESS	811 South Missouri Avenue
CITY-ST-ZIP	Lakeland, Florida 33815-4739
TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kimberly Brooks
STREET ADDRESS	911 Kristina Court
CITY-ST-ZIP	Auburndale, FL 33823-9605
TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Vibrat
STREET ADDRESS	822 Carlton Court
CITY-ST-ZIP	Winter Haven, FL 33844-3438
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David L. Baker
STREET ADDRESS	505 Avenue, A., NW Ste 101A
CITY-ST-ZIP	Winter Haven, FL 33881
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thien Tran
STREET ADDRESS	7401 Cypress Gardens Blvd.
CITY-ST-ZIP	Winter Haven, FL 33888-0001

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:

*Barbara A. Gossett*

June 12, 2000 (863)858-1588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)