

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711280

1. Entity Name

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

Principal Place of Business

7021 PINEHAVEN DR
LAKELAND FL 33810-1275
US

Mailing Address

PO BOX 60
KATHLEEN FL 33849-0058
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7185666

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

GOSSETT, BARBARA A.
7021 PINEHAVEN DR
LAKELAND FL 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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME RITCHIE, GLENN
STREET ADDRESS 7401 CYPRESS GARDENS BLVD.
CITY-ST-ZIP WINTER HAVEN FL 33888 ☒ Delete

TITLE President
NAME Thomas G. Pate
STREET ADDRESS 811 S. Missouri Avenue
CITY-ST-ZIP Lakeland, FL 33815 ☒ Change ☐ Addition

TITLE DT
NAME GOSSETT, BARBARA
STREET ADDRESS 7021 PINEHAVEN DR
CITY-ST-ZIP LAKELAND FL 33810-1275 ☐ Delete

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

TITLE DVP
NAME BROOKS, KIMBERLY
STREET ADDRESS 911 KRISTINA COURT
CITY-ST-ZIP AUBURNDALE FL 33823-9605 ☐ Delete

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

TITLE VP/D
NAME BAKER, DAVID
STREET ADDRESS 505 AVENUE A, NW ST. 101A
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Delete

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

TITLE SD
NAME VIBRAL, LISA
STREET ADDRESS 822 CARLTON COURT
CITY-ST-ZIP WINTER HAVEN FL 33844-3438 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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, Treasurer

2/11/02

863 858-1588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)