

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713462

1. Entity Name

IMPERIAL PARK OWNERS ASSOCIATION, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90340 017 *****61.25

0063206

Principal Place of Business

P.O. BOX 4576
CLEARWATER FL 33758
US

Mailing Address

P.O. BOX 4576
CLEARWATER FL 33756
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

59-2745934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANTREASE, JOHN A
2078 ENVOY CT
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

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

1454 Ambassador Dr.

City Clearwater FL 33764

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

John Bryan, Treasurer

4-16-01

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD DAY, JEFFREY 2077 ENVOY CT CLEARWATER FL 33764	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VANTREASE, JOHN A 2078 ENVOY CT CLEARWATER FL 33764	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASKOVITCH, MICHAEL 2035 CORONET CLEARWATER FL 33764	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILNER, RAYLEE 1435 AMBASSADOR DR CLEARWATER FL 33764	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William Pray 1398 Ambassador Dr. Clearwater, FL 33764	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD John Bryan 1454 Ambassador Dr. Clearwater, FL 33764	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Celeste Callahan 1423 Embassy Clearwater, FL 33764	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Robert Huelsman 1360 S. Hercules Ave Clearwater, FL 33764	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Bryan, Treasurer

Date

Daytime Phone #

4-20-01

CR2E037 (10/00)