

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714896

1. Entity Name

IMPERIAL COURT CONDOMINIUM APARTMENTS V ASSOCIAT

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90028 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1433 S. BELCHER ROAD  
CLEARWATER FL 34624  
US

C/O HOLIDAY ISLES PROPERTY MNGT., INC  
7850 ULMERTON RD., SUITE #2  
LARGO FL 33771-4015

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

59-1385595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLIDAY ISLES PROPERTY MGMT., INC.  
7850 ULMERTON ROAD, SUITE #2  
LARGO FL 34641

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

TITLE	DV	<input type="checkbox"/> Delete
NAME	ARICO, SAL	
STREET ADDRESS	1433 S BELCHER RD #G20	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, WARNER	
STREET ADDRESS	1433 S BELCHER RD #G9	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CASH, LAWRENCE	
STREET ADDRESS	1433 S. BELCHER ROAD G-5	
CITY-ST-ZIP	CLEARWATER FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE LASKA	
STREET ADDRESS	1433 S. BELCHER RD. G18	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

Daytime Phone #

CR2E037 (9/99)