

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90047 024 \*\*\*\*61.25

**DOCUMENT # 715974**

1. Entity Name

**THE IMPERIAL RADIO CONTROL CLUB, INC.**

Principal Place of Business

Mailing Address

PO BOX 6662  
 LAKELAND FL 33807

PO BOX 6662  
 LAKELAND FL 33807-6662

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

**51-0205427**

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

**NUNNALLEE, JIM**  
**300 NE 3RD ST**  
**FT MEADE FL 33841**

Name

**WILLIAM MINTZ**

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

**111 ELM SQUARE SOUTH**

City

**LAKELAND**

FL

Zip Code

**33813**

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

*William Mintz*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/26/00**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SUNDEY, WALLACE</b>
STREET ADDRESS	<b>223 SYLVIA CIRCLE</b>
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>WASILEWSKI, DONALD</b>
STREET ADDRESS	<b>4647 KINGS POINT CT</b>
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SKINNER, NORMAN</b>
STREET ADDRESS	<b>117 WOODSIDE DR</b>
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>MINTZ, WILLIAM</b>
STREET ADDRESS	<b>111 ELM SQUARE SOUTH</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>NUNNALLEE, JIM</b>
STREET ADDRESS	<b>300 NE THIRD ST</b>
CITY-ST-ZIP	<b>FT. MEADE FL 33841</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>BURDIN, JOHN</b>
STREET ADDRESS	<b>POST OFFICE BOX 5335 N/A</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM MINTZ</b>
STREET ADDRESS	<b>111 ELM SQUARE SOUTH</b>
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IAN CLARK</b>
STREET ADDRESS	<b>4544 REMINGTON RD</b>
CITY-ST-ZIP	<b>LAKELAND, FL, 33813</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRANK CICCARELLO</b>
STREET ADDRESS	<b>2104 VALLEYBROOK AVE</b>
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>

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:

*Donald S. Wasilewski* **UDONALD S. WASILEWSKI**

**2/26/2000**

**863-646-0474**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)