

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90009 021 ****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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, IAN
4901 DOSSEY ROAD S
LAKELAND FL 33811

Name **ZELLARS, MICHAEL**

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

4523 HILLMAN LN.

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

Michael S. Zellars **MICHAEL S. Zellars**

1-10-02

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 Delete
 NAME **D SUNDEY, WALLACE**
 STREET ADDRESS **223 SYLVIA CIRCLE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T WASILEWSKI, DONALD**
 STREET ADDRESS **4647 KINGS POINT CT**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE Change Addition
 NAME **T MILLER W.D.**
 STREET ADDRESS **86 SHADOW LN**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE Delete
 NAME **D SKINNER, NORMAN**
 STREET ADDRESS **117 WOODSIDE DR**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S BANNER, JOHN**
 STREET ADDRESS **512 PRINCESS PLACE**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE Change Addition
 NAME **S NUNNALLEE, JIM**
 STREET ADDRESS **300 N.E. THIRD ST**
 CITY-ST-ZIP **FT. MEADE FL 33841**

TITLE Delete
 NAME **P CLARK, IAN**
 STREET ADDRESS **4901 DOSSER ROAD SOUTH**
 CITY-ST-ZIP **LAKELAND FL 33811**

TITLE Change Addition
 NAME **P ZELLARS, MICHAEL**
 STREET ADDRESS **4523 HILLMAN RD**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE Delete
 NAME **D CICCARELLO, FRANK**
 STREET ADDRESS **2104 VALLEYBROOK AVE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE Change Addition
 NAME **D URICK, JIM**
 STREET ADDRESS **6007 DOR CIRCLE E.**
 CITY-ST-ZIP **LAKELAND FL 33809**

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 **W.D. MILLER**

1/8/02

863-644-0665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)