2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State
02-11-2000 90038 045 ****61.25

DOCUMENT # 728801

1. Entity Name

DEL PRADO IMPERIAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13523 CORDOVA DR LARGO FL 33774 US	13523 CORDOVA DR LARGO FL 33774-5411 US

U00018356

DO NOT WRITE IN THIS SPACE

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 23-7422283 ☐ 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
CANNISTRARO, BOB 13523 CORDOVA DR. LARGO FL 33774	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CANNISTRARO, BOB 13523 CORDOVA DRIVE LARGO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BALAITY, DAVID 13507 LAS PALMS DR LARGO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHAPLE, SAM 10800 DELPRADO DR. W. LARGO FL 33774	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAHAIE, JIM 13368 HACIENDA DR LARGO, FL. 33774	☐ Change ☑ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WALTON, BILL 10790 DELPRADO DR. W. LARGO FL 33774	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BURGSTAHLER, KAREN 13410 SAN RAFAEL DR. E. LARGO, FL. 33774	☐ Change ☑ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RATH, DON 13579 ANDOVA DR. LARGO FL 33774	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMAS, DOT 10800 DEL PRADO DR W. LARGO, FL 33774	☐ Change ☑ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

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 Robert A. Cannistraro 1-12-00 (727) 539-4437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #