2001 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2001 8:00 am Secretary of State DOCUMENT # 728801 1. Entity Name DEL PRADO IMPERIAL ASSOCIATION, INC. 02-06-2001 90308 008 ****61.25 Principal Place of Business Mailing Address 13523 CORDOVA DR 13523 CORDOVA DR LARGO FL 33774 LARGO FL 33774 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7422283 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7...Name and Address of New Registered Agent_ Street Address (P.O. Box Number is Not Acceptable) CANNISTRARO, BOB 13523 CORDOVA DR. **LARGO FL 33774** Zip Code FL 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change ☐ Addition NAME CANNISTRARO, BOB NAME STREET ADDRESS 13523 CORDOVA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 TITLE VΡ Delete RATH PATRICIA 13579 AUDOVER DR TITLE Change ☐ Addition NAME BALAITY, DAVID NAME STREET ADDRESS 13507 LAS PALMS DR STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP LARGO FL. **VD** TITLE Delete TITLE Change ☐ Addition NAME PEARCE, MARGARET LAHAIE, JIM NAME 13644 SERENA DR. S. STREET ADDRESS 13368 HACIENDA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARG6, FL. 33774 LARGO FL 33774 Delete TITLE Change ☐ Addition MOORE CHRISTI 10845 DEL PRADE DR. E. **BURGSTANLER, KAREN** NAME NAME STREET ADDRESS 13410 SW RAFAEL DR E STREET ADDRESS CITY-ST-ZIP **LARGO FL 33774** CITY-ST-ZIP LARGO FL. 33774 TITLE ☐ Delete TITLE Change ☐ Addition THOMAS, DOT NAME NAME STREET ADDRESS 10800 DEL PRADO DR W STREET ADDRESS CITY-ST-ZIP **LARGO FL 33774** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-01

727-539-4437

FILED