

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731533

1. Entity Name

IMPERIAL EMBASSY CONDOMINIUM THREE, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90082 050 ****61.25

Principal Place of Business 4742 AZALEA DRIVE BOX 100A NEW PORT RICHEY FL 34652	Mailing Address 4742 AZALEA DRIVE BOX 100A NEW PORT RICHEY FL 34652-5029
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1590694	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VINING, DOROTHY 4746 AZALEA DR 114C NEW PORT RICHEY FL 34652	7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): SAME UNIT # 101 C City: SAME FL Zip Code: SAME
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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: Dorothy Vining DOROTHY VINING - TREAS. TO BOARD 2/22/00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: S NAME: HETHORN, MARJORY STREET ADDRESS: 4748 AZALEA DR 114C CITY-ST-ZIP: NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 4748 AZALEA DR. UNIT 204D CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: POLICINO, RUDY STREET ADDRESS: 4748 AZALEA DRIVE 206 D CITY-ST-ZIP: NEW PORT RICHEY FL	<input type="checkbox"/> Delete	TITLE: DIRECTOR NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ST GEORGE, JOSEPH STREET ADDRESS: 4742 AZALEA DRIVE 211A CITY-ST-ZIP: NEW PORT RICHEY FL	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 4748 AZALEA DR. UNIT 205D CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: VINING, DORTHY STREET ADDRESS: 4746 AZALEA DR, 101 C CITY-ST-ZIP: NEW PORT RICHWY FL	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: MAZZONI, ROBERT STREET ADDRESS: 4744 AZALEA DRIVE, 203B CITY-ST-ZIP: NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: EVERDYKE, RALPH STREET ADDRESS: 4742 AZALEA DR. 214A CITY-ST-ZIP: NEW PORT RICHEY FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: HOSTIKA, ALAN STREET ADDRESS: 4744 AZALEA DRIVE 103-B CITY-ST-ZIP: NEW PORT RICHEY FL	<input type="checkbox"/> Delete	TITLE: VP NAME: [Blank] STREET ADDRESS: 4744 AZALEA DR. 202B CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: RALPH EVERDYKE RALPH EVERDYKE - PRESIDENT 2/21/00 727.849-6572
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)

Attachment
C0027301
731533

10. ADDITION

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BRASCIA, LUCY
4746 AZALEA DR 112 C
NEW PORT RICHEY, FL 34652