

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90273 024 ****61.25

0079956

DOCUMENT # 731533

1. Entity Name

IMPERIAL EMBASSY CONDOMINIUM THREE, INC.

Principal Place of Business

Mailing Address

4742 AZALEA DRIVE
 BOX 100A
 NEW PORT RICHEY FL 34652

4742 AZALEA DRIVE
 BOX 100A
 NEW PORT RICHEY FL 34652

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

59-1590694

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

VINING, DOROTHY
 4746 AZALEA DR
 UNIT 101 C
 NEW PORT RICHEY FL 34652

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

Dorothy Vining

DOROTHY VINING - TREAS. TO BEARD

4/21/01

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	S	<input type="checkbox"/> Delete
NAME	HETHORN, MARJORY	
STREET ADDRESS	4748 AZALEA DR. UNIT 204 D	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POLICCINO, RUDY	
STREET ADDRESS	4748 AZALEA DRIVE 206 D	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST GEORGE, JOSEPH	
STREET ADDRESS	4748 AZALEA DR. UNIT 205 D	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	VINING, DORTHY	
STREET ADDRESS	4746 AZALEA DR, 101 C	
CITY-ST-ZIP	NEW PORT RICHWY FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EVERDYKE, RALPH	
STREET ADDRESS	4742 AZALEA DR. 214A	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOSTIKA, ALAN	
STREET ADDRESS	4744 AZALEA DR. 202B	
CITY-ST-ZIP	NEW PORT RICHEY FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZPATRICE PAULINE	
STREET ADDRESS	4742 AZALEA DR 101A	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINTER, DONALD	
STREET ADDRESS	4748 AZALEA DR. 103D	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 R. Winter

4/21/01

727 841 9787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment
Stamp # 645127

ADDITIONS # 731533

10. D
BRESCIA, LUCY
4746 AZALEA DR. 112C
NEW PORT RICHEY, FL. 34652

D.
JONES, RONALD
4746 AZALEA DR. 102C
NEW PORT RICHEY, FL. 34652