

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90157 034 \*\*\*\*61.25

0054382

**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* (no change)

*4/28/02*

\*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	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HETHORN, MARJORY</b>	
STREET ADDRESS	<b>4748 AZALEA DR. UNIT 204 D</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FITZPATRICK, PAULINE</b>	
STREET ADDRESS	<b>4742 AZALEA DR. #101A</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ST GEORGE, JOSEPH</b>	
STREET ADDRESS	<b>4748 AZALEA DR. UNIT 205 D</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>VINING, DORTHY</b>	
STREET ADDRESS	<b>4746 AZALEA DR, 101 C</b>	
CITY-ST-ZIP	<b>NEW PORT RICHWY FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WINTER, DONALD</b>	
STREET ADDRESS	<b>4748 AZALEA DR. , 103D</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HOSTIKA, ALAN</b>	
STREET ADDRESS	<b>4744 AZALEA DR. 202B</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRESCIA, LUCY</b>	
STREET ADDRESS	<b>4746 AZALEA DR. UNIT 112C</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PUTKOWSKI, FRED</b>	
STREET ADDRESS	<b>4742 AZALEA DR. UNIT 206A</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DELETE</b>
NAME	<b>JONES, RONALD</b>	
STREET ADDRESS	<b>4746 AZALEA DR. UNIT 102C</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(j), 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: *Alan Hostika* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Hostika*

Date

Daytime Phone #

CR2E037 (9/01)