

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90122 046 ****61.25

DOCUMENT # 734990

1. Entity Name

IMPERIAL EMBASSY CONDOMINIUM FOUR, INC.

Principal Place of Business

Mailing Address

4627 BRITT DRIVE
 NEW PORT RICHEY FL 34652

4627 BRITT DRIVE
 NEW PORT RICHEY FL 34652-5028

2. Principal Place of Business

3. Mailing Address

4627 britt dr.

Suite, Apt. #, etc.

SAME

City & State

City & State

New Port Richey, Fl.

4. FEI Number

59-1664738

Applied For

Not Applicable

Zip

Country

Zip

Country

34652

Pasco

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

MURRAY, PATRICK I
 4644 CAMBRIDGE ST.
 NEW PORT RICHEY FL 34652

Name
PATRICK MURRAY

Street Address (P.O. Box Number is Not Acceptable)

4644 CAMBRIDGE AVE

City

NEW PORT RICHEY,

FL

Zip Code

34652

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

Geneva Long

Long

3/14/00

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.

\$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 Delete
 NAME **P**
 STREET ADDRESS **MURRAY, PATRICK I**
 CITY-ST-ZIP **4644 CAMBRIDGE AVE.
 NEW PORT RICHEY FL 34652**

TITLE Change Addition
 NAME **BETH PARIS**
 STREET ADDRESS **5342 FOSTER BLVD**
 CITY-ST-ZIP **New Port Richey, fl. 34652**

TITLE Delete
 NAME **LONG, GENEVA**
 STREET ADDRESS **4713 CAMBRIDGE AVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
 STREET ADDRESS **TUCKER, PATRICIA**
 CITY-ST-ZIP **5353 BUTTONWOOD
 NEW PORT RICHEY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
 STREET ADDRESS **BORJESON, HILDA**
 CITY-ST-ZIP **5351 BUTTONWOOD
 NEW PORT RICHEY FL 34652**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~WOLFE, ROBERTLY~~
 STREET ADDRESS ~~5353 EMBASSY BLVD~~
 CITY-ST-ZIP ~~NEW PORT RICHEY FL 34652~~

TITLE Change Addition
 NAME **vice pres.
 DONALD KING**
 STREET ADDRESS **5344 foster blvd**
 CITY-ST-ZIP **New Port Richey Fl. 34652**

TITLE Delete
 NAME **VD**
 STREET ADDRESS **SWINGLER, HENRY**
 CITY-ST-ZIP **5319 EMBASSY BLVD
 NEW PORT RICHEY FL 34652**

TITLE Change 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:

Patrick J. Murray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

DATE

(727) 848-6932

DAYTIME PHONE #

CR2E037 (9/99)