

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

0079959

DOCUMENT # 734990

03-09-2001 90502 026 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country
PASCO

Zip

Country

4. FEI Number

59-1664738

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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

Patrick I Murray Pres

3/5/01

Signature typed or printed name of registered agent and title, 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 **P** Delete
 NAME **MURRAY, PATRICK I**
 STREET ADDRESS **4644 CAMBRIDGE AVE.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **SECRETARY** Change Addition
 NAME **BETH PARIS**
 STREET ADDRESS **5342 FOSTER BLVD**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652** Change Addition

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

TITLE **VD** Change Addition
 NAME **JOSEPH DOOLAN**
 STREET ADDRESS **4655 CAMBRIDGE AVE**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

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

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

TITLE **VP** Delete
 NAME **KING, DONALD**
 STREET ADDRESS **5344 FOSTER BLVD**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE **VD** Delete
 NAME **SWINGLER, HENRY**
 STREET ADDRESS **5319 EMBASSY BLVD**
 CITY-ST-ZIP **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 I MURRAY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick I Murray *3/5/01*

Date

Daytime Phone #

CR2E037 (10/00)