# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 23, 2001 8:00 am**
**Secretary of State**
01-23-2001 90002 022 ****61.25

DOCUMENT # 739846

1. Entity Name

IMPERIAL SOUTHGATE VILLAS CONDOMINIUM ASSOCIATIO

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 2352<br>LAKELAND FL 33806-2352<br>US | P.O. BOX 2352<br>LAKELAND FL 33806-2352<br>US |

800979

DO NOT WRITE IN THIS SPACE

| 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 59-1794246 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

NIX, ANN
VILLA 59 IMPERIAL SOUTHGATE
LAKELAND FL 33803

**7. Name and Address of New Registered Agent**

Name VITELLO, SUSAN

Street Address (P.O. Box Number is Not Acceptable) VILLA 4A IMPERIAL SOUTHGATE

City LAKELAND D **FL** Zip Code 33803

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 Susan Vitello 1-11-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MCCURRY, DR JACK<br>VILLA 63<br>LAKELAND FL 33803 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P RUTH JENKINS P<br>VILLA 99 JENKINS, RUTH<br>LAKELAND F 33803 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>TRUEBLOOD, ALICE<br>VILLA 86<br>LAKELAND, FL 00000 33803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>NIX, ANN<br>VILLA 59<br>LAKELAND FL 33803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NIX ANN | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GRIFFITH, GERALDINE<br>VILLA 92<br>LAKELAND, FL 0 33803 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>VITELLO, SUSAN<br>V 4-A<br>LAKELAND FL 33803 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SWEAT, ELSIE<br>VILLA 94<br>LAKELAND, FL 00000 33803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** Alice Trueblood SIGNATURE REQUIRED 1-11-01 863 647-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #