

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90039 034 ****61.25

DOCUMENT # 766254

1. Entity Name

EMPERIAL TWENTY-FIVE CLUB, INC.



Principal Place of Business

**1750 GIBBONS ST
BARTOW FL 33830-6617**

Mailing Address

**1750 GIBBONS ST
BARTOW FL 33830-6617**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**WATSON, GEORGE W.
1750 GIBBONS STREET
BARTOW FL 33830**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☒ Delete
NAME **ROBINSON, FLOYD**
STREET ADDRESS **806 S.E. FIFTH ST**
CITY-ST-ZIP **MULBERRY FL**

TITLE ☒ Change ☐ Addition
NAME **Walter Bryant**
STREET ADDRESS **713 S. Pine Avenue**
CITY-ST-ZIP **Ft. Meade, FL 33841**

TITLE **P** ☐ Delete
NAME **GLOVER, JOHN**
STREET ADDRESS **590 DOROTHY ST**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **COBB, LEON R**
STREET ADDRESS **1005 PARKER RD**
CITY-ST-ZIP **LAKELAND FL 33811**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MBD** ☐ Delete
NAME **FOREST, WILLIE L**
STREET ADDRESS **1140 GAUSE STREET**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **BOSTON, LOUIS**
STREET ADDRESS **132 GRANT ST**
CITY-ST-ZIP **LAKE WALES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **FS** ☐ Delete
NAME **WATSON, GEORGE W**
STREET ADDRESS **1750 GIBBONS ST**
CITY-ST-ZIP **BARTOW FL**

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:

George W. Watson
GEORGE W. WATSON

7-13-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (4/03)