

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769307

1. Entity Name

IMPERIAL PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1802 VILLAGE COURT  
MULBERRY FL 33860  
US

Mailing Address

P O BOX 78  
MULBERRY FL 33860  
US

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

59-2884697

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

STRAIGHT, RICHARD S  
1802 VILLAGE COURT  
MULBERRY FL 33860

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	COPEL, CHARLIE	
STREET ADDRESS	1808 VILLAGE COURT	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DWIGHT	
STREET ADDRESS	1829 VILLAGE CT.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM REID	
STREET ADDRESS	1889 VILLAGE CT.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARCIONE, JUDY	
STREET ADDRESS	1806 VILLAGE CT	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLATIN, HARRY	
STREET ADDRESS	1816 VILLAGE CT.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STRAIGHT, RICHARD	
STREET ADDRESS	1802 VILLAGE CT	
CITY-ST-ZIP	MULBERRY FL	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HART, ALVIN	
STREET ADDRESS	1857 Village Ct.	
CITY-ST-ZIP	Mulberry FL 33860	
TITLE	DIEN, NORMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	1816 Village Ct.	
CITY-ST-ZIP	Mulberry FL 33860	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REID, CATHY	
STREET ADDRESS	1889 Village Ct	
CITY-ST-ZIP	Mulberry FL 33860	
TITLE	JUDY MARCIONE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Gallatin, Harry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1824 Village Ct	
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)(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:

*Richard S. Straight*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/00

Date

863 619 3795

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED  
Apr 13, 2000 8:00 am  
Secretary of State

04-13-2000 90110 042 \*\*\*\*61.25