

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005920

1. Entity Name

IMC SECURITIES, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90030 046 \*\*\*150.00

Principal Place of Business

Mailing Address

5901 EAST FOWLER AVENUE  
TAMPA FL 33617-2362

5901 EAST FOWLER AVENUE  
TAMPA FL 33617-2362

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 **59-3284026**

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

CORPORATION SERVICE COMPANY  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **HEDRICK, CHARLES V**  
STREET ADDRESS **200 LAURA ST.**  
CITY-ST-ZIP **JACKSONVILLE FL 32202-3527**

TITLE **President** ☐ Change ☐ Addition  
NAME **Dennis J. Pitocco**  
STREET ADDRESS **5901 East Fowler Avenue**  
CITY-ST-ZIP **Tampa, FL 33617**

TITLE **DVP** ☒ Delete  
NAME **GRIFFIN, TIMOTHY W**  
STREET ADDRESS **5901 E FOWLER AVE**  
CITY-ST-ZIP **TAMPA FL 33617-2362**

TITLE **Vice President** ☐ Change ☐ Addition  
NAME **Kris Hood**  
STREET ADDRESS **5901 East Fowler Avenue**  
CITY-ST-ZIP **Tampa, FL 33617**

TITLE **D** ☒ Delete  
NAME **LEGLER, MITCHELL W**  
STREET ADDRESS **1 INDEPENDENT DRIVE, SUITE #3104**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Jeff Ault**  
STREET ADDRESS **5901 East Fowler Avenue**  
CITY-ST-ZIP **Tampa, FL 33617**

TITLE **DPCE** ☒ Delete  
NAME **NICHOLAS, GEORGE**  
STREET ADDRESS **5901 E FOWLER AVE**  
CITY-ST-ZIP **TAMPA FL 33617-2362**

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

TITLE **DCOO** ☒ Delete  
NAME **MIDDLETON, THOMAS G.**  
STREET ADDRESS **5901 E FOWLER AVE**  
CITY-ST-ZIP **TAMPA FL 33617-2362**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Robert Melone**  
STREET ADDRESS **5901 East Fowler Avenue**  
CITY-ST-ZIP **Tampa, FL 33617**

TITLE **VPS** ☒ Delete  
NAME **WILLIAMS, LAURIE S**  
STREET ADDRESS **5901 EAST FOWLER AVE**  
CITY-ST-ZIP **TAMPA FL 33617-2362**

TITLE **Assistant Secretary** ☒ Change ☐ Addition  
NAME **Zina Zuk**  
STREET ADDRESS **5901 East Fowler Avenue**  
CITY-ST-ZIP **Tampa, FL 33617**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

813-984-8801

Date

Daytime Phone #

**Dennis J. Pitocco, President**

CR2E034 (9/99)