

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L96000000219

1. Entity Name
IMPERIAL MORTGAGE L.C.

Principal Place of Business
3420 BRIAN ROAD SOUTH
PALM HARBOR FL 34685-2107

Mailing Address
3420 BRIAN ROAD SOUTH
PALM HARBOR FL 32903-0602

2. Principal Place of Business
1828 Barber
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 033602
Suite, Apt. #, etc.

City & State
Sebastain, FL 32958

City & State
Indian River, FL 32903-0602

4. FEI Number
59-3363645

Applied For
Not Applicable

Zip
32958

Country
Indian River

Zip
32903-0602

Country
Bevard

5. Certificate of Status Desired
☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOUTHIT, HERBERT F
~~3420 BRIAN ROAD SOUTH~~ 1828 Barber
~~PALM HARBOR FL 34685-2107~~ Sebastain, FL 32958

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 Herbert F. Douthit Herbert F. Douthit 04/27/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOUTHIT, HERBERT F 3420 BRIAN ROAD SOUTH PALM HARBOR FL 34683-1718	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, FLOYD L 3420 BRIAN ROAD SOUTH PALM HARBOR FL 34683-1718	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOUTHIT, HERBERT F 1828 Barber Sebastain, FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER FLOYD L 1828 Barber Sebastain, FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003259902--7 -05/19/00--01101--017 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Herbert F. Douthit REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/27/2000 (561) 581-4677
Date Daytime Phone #

CR2E083 (9/99)