

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29555

1. Entity Name

IMPERIAL LAKES ESTATES, UNIT III, CONDOMINIUM AS

Principal Place of Business

8565 CROWN'S COURT
PALMETTO FL 34221

Mailing Address

8565 CROWN'S COURT
PALMETTO FL 34221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ADVANCED MANAGEMENT OF SW FLORIDA INC
5899 WHITFIELD AVE
STE 107
SARASOTA FL 34243

7. Name and Address of New Registered Agent

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

TITLE PD
NAME LYHNE, BARBARA ☒ Delete
STREET ADDRESS 8507 COUNTESS AVENUE CIR.
CITY-ST-ZIP PALMETTO FL 34221

TITLE STD
NAME HALL, FAITH ☒ Delete
STREET ADDRESS 8532 COUNTESS AVENUE CIR.
CITY-ST-ZIP PALMETTO FL 34221

TITLE D
NAME DEAN, JANICE ☐ Delete
STREET ADDRESS 8503 COUNTESS AVE., CIR.
CITY-ST-ZIP PALMETTO FL 34221

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME RALPH L. GUINARD
STREET ADDRESS 8523 COUNTESS AVENUE CIRCLE
CITY-ST-ZIP PALMETTO FL 34221

TITLE VTD ☐ Change ☒ Addition
NAME THOMAS W. BILELLO
STREET ADDRESS 8529 COUNTESS AVENUE CIRCLE
CITY-ST-ZIP PALMETTO FL 34221

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2001

Date

941-359-1134

Daytime Phone #

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90502 018 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2373226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)