

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34468

1. Entity Name

THE IMPERIAL SYMPHONY GUILD OF LAKE WALES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90211 036 ***61.25

Principal Place of Business

Mailing Address

% SYLVIA CARSON
 3524 TWISTED OAK CT
 LAKE WALES FL 33853

% SYLVIA CARSON
 3524 TWISTED OAK CT
 LAKE WALES FL 33853-8558

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0190675

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NELSON, TERRI K
 1436 COUNTRY OAKS BLVD
 LAKE WALES FL 33853

Sylvia Carson
 3524 Twisted Oak Ct
 Lake Wales, FL 33853

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CARSON, SYLVIA	
STREET ADDRESS	3524 TWISTED OAK CT	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NELSON, TERRY K	
STREET ADDRESS	1436 COUNTRY OAKS BLVD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, TERRI	
STREET ADDRESS	1436 COUNTRY OAKS BLVD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SALUD, VIOLETA	
STREET ADDRESS	1246 S HIGHLAND PARK DR	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WILKINSON, AUDREY	
STREET ADDRESS	567 CLUB HOUSE DR	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, TERRY K	
STREET ADDRESS	1436 COUNTRY OAKS BLVD	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sylvia CARSON	
STREET ADDRESS	3524 TWISTED OAK CT	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patti FAULK	
STREET ADDRESS	11 Cypress Green Ct.	
CITY-ST-ZIP	WINTER GARDEN, FL 33884	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANET BOND	
STREET ADDRESS	1439 COUNTRY OAKS BLVD	
CITY-ST-ZIP	LAKE WALES, FL 33853	
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 of 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

April 30, 2000 863-

Date

Daytime Phone #

CR2E037 (9/99)