

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004429

1. Entity Name

IMPERIALAKES COMMUNITY SERVICES ASSOCIATION V,  
INC.

Principal Place of Business

Mailing Address

c/o August Imperial Mgmt. August Imperial Mgmt.  
5925 Imperial Pky #110 P.O. Box 5258  
Mulberry, FL 33860 Lakeland, FL 33807

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

65-0528015

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

August Imperial Management, Inc.  
5925 Imperial Pkwy #110  
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 ☐ Delete  
NAME Stage, Dale  
STREET ADDRESS 3704 Opal Drive  
CITY-ST-ZIP Mulberry, FL

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

TITLE D ☐ Delete  
NAME Meister, Jack  
STREET ADDRESS 3534 Diamond Terrace  
CITY-ST-ZIP Mulberry, FL

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

TITLE PD ☐ Delete  
NAME Collins, Trish  
STREET ADDRESS 3454 Diamond Terrace  
CITY-ST-ZIP Mulberry, FL 33860

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

TITLE TD ☐ Delete  
NAME Collins, Marilyn  
STREET ADDRESS 3463 Diamond Terrace  
CITY-ST-ZIP Mulberry, FL

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

TITLE VPD ☐ Delete  
NAME Flockhart, Dennis  
STREET ADDRESS 3664 Opal Drive, Mulberry FL  
CITY-ST-ZIP

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

TITLE SD ☐ Delete  
NAME Locke, Joe  
STREET ADDRESS 3458 Jade Lane  
CITY-ST-ZIP Mulberry, FL

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90066 002 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

5/8/00 963-668-6469