

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001525

1. Entity Name

IMPERIAL LAKES COUNCIL, INC.

Principal Place of Business

3695 EMERALD LAKE
MULBERRY FL 33860

Mailing Address

3695 EMERALD LAKE
MULBERRY FL 33860

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CARYL, ROBERT
3695 EMERALD LAKE
MULBERRY FL 33860

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 P
NAME CARYL, ROBERT
STREET ADDRESS C/O 3695 EMERALD LANE
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

TITLE D
NAME KAUFMAN, KARL
STREET ADDRESS 4219 STONEHENGE
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

TITLE D
NAME SMITH, KEN
STREET ADDRESS 5925 IMPERIAL PARKWAY
CITY-ST-ZIP MULBERRY FL ☐ Delete

TITLE TD
NAME STAGE, DALE
STREET ADDRESS 3704 OPAL DRIVE
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

TITLE D
NAME ADRIAN, PHYLLIS
STREET ADDRESS 5225 IMPERIAL LAKES BLVD # 8
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

TITLE D
NAME INSLEE, ROBERT
STREET ADDRESS 4305 GREEKWOOD LANE
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE D
NAME INSLEE, ROBERT
STREET ADDRESS 4462 FAIRWAY OAKS DRIVE
CITY-ST-ZIP MULBERRY, FL 33860 ☒ Change ☐ Addition

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: Robert D. Caryl ROBERT D. CARYL PRES 2-20-01 (863) 425-0539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

1/1/2001