

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90075 029 \*\*\*\*61.25

**DOCUMENT # N96000001525**

1. Entity Name

**IMPERIAL LAKES COUNCIL, INC.**

Principal Place of Business

Mailing Address

**3695 EMERALD LAKE  
MULBERRY FL 33860****3695 EMERALD LAKE  
MULBERRY FL 33860**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3360694**

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

**CARYL, ROBERT  
3695 EMERALD LAKE  
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 **P** ☐ Delete  
NAME **CARYL, ROBERT**  
STREET ADDRESS **C/O 3695 EMERALD LANE**  
CITY-ST-ZIP **MULBERRY FL 33860**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **KAUFMAN, KARL**  
STREET ADDRESS **4219 STONEHEDGE**  
CITY-ST-ZIP **MULBERRY FL 33860**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **SMITH, KEN**  
STREET ADDRESS **5925 IMPERIAL PARKWAY**  
CITY-ST-ZIP **MULBERRY FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **TD** ☐ Delete  
NAME **STAGE, DALE**  
STREET ADDRESS **3704 OPAL DRIVE**  
CITY-ST-ZIP **MULBERRY FL 33860**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **ADRIAN, PHYLLIS**  
STREET ADDRESS **5225 IMPERIAL LAKES BLVD # 8**  
CITY-ST-ZIP **MULBERRY FL 33860**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Delete  
NAME **INSLEE, ROBERT**  
STREET ADDRESS **4462 FAIRWAY OAKS DRIVE**  
CITY-ST-ZIP **MULBERRY FL 33860**TITLE **D** ☐ Change ☒ Addition  
NAME **SALISBURY, ED**  
STREET ADDRESS **2001 PAR PLACE**  
CITY-ST-ZIP **MULBERRY FL 33860**

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 EQUI ROBERT D. CARYL PRESIDENT 2-18-02 (863) 425-0539**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)