

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000078003

1. Entity Name

IMPERIAL LAKES RESORT, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90074 045 \*\*\*550.00

Principal Place of Business

Mailing Address

% GENERAL CABLE  
360 CENTRAL AVENUE, SUITE 1290  
ST. PETERSBURG FL 33701-3838

% GENERAL CABLE  
360 CENTRAL AVENUE, SUITE 1290  
ST. PETERSBURG FL 33701-3878

2. Principal Place of Business

3. Mailing Address

1120 Pinellas Bayway  
Suite, Apt. #, etc.  
#201

1120 Pinellas Bayway  
Suite, Apt. #, etc.  
#201

City & State  
Tierra Verde FL

City & State  
Tierra Verde FL

Zip  
33715

Country  
USA

Zip  
33715

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3212823

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

CUETO, AGUSTIN  
360 CENTRAL AVENUE  
SUITE 1290  
ST. PETERSBURG FL 33701

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Delete
NAME	CUETO, AGUSTIN	
STREET ADDRESS	360 CENTRAL AVE. SUITE 1290	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AGUSTIN A. CUETO 5/31/00 (727) 906-4700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)