

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000078003**

1. Entity Name

**IMPERIAL LAKES RESORT, INC.**

Principal Place of Business  
**1120 PINELLAS BAYWAY**  
**#201**  
**TIERRA VERDE FL 33715**

Mailing Address  
**1120 PINELLAS BAYWAY**  
**#201**  
**TIERRA VERDE FL 33715**

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

**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**  
**1120 PINELLAS BAYWAY**  
**201**  
**ST. PETERSBURG FL 33701**

Name **CUETO, OLGA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1120 PINELLAS BAYWAY**  
**#201**  
 City **TIERRA VERDE** **FL** Zip Code **33715**

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

*Olga Cueto*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

*6/12/02*

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, 2002 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 ☐ Delete  
 NAME **DPST**  
 STREET ADDRESS **CUETO, AGUSTIN**  
 CITY-ST-ZIP **1120 PINELLAS BAYWAY #201**  
**ST. PETERSBURG FL 33701**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:

*Olga Cueto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-02**

Date

**727 906-4700**

Daytime Phone #

CR2E034 (9/01)

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91153 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE