

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006330

1. Entity Name

IMR MANAGEMENT, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90167 013 ***150.00

Principal Place of Business

Mailing Address

26750 US HIGHWAY 19 N SUITE 500
CLEARWATER FL 33761

26750 US HIGHWAY 19 N SUITE 500
CLEARWATER FL 33761-3460

2. Principal Place of Business

3. Mailing Address

100 South Missouri Ave
Suite, Apt. #, etc.

100 South Missouri Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number 59-3356110

Applied For
Not Applicable

Zip Country
33756 USA

Zip Country
33756 USA

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

PATEL, DILIP
26750 US HIGHWAY 19 N SUITE 500
CLEARWATER FL 33761

Name
IMR Global Corp.
Street Address (P.O. Box Number is Not Acceptable)
Attn: General Counsel
100 South Missouri Ave.
City Clearwater FL Zip Code 33756

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 IMR Global Corp. by DILIP PATEL, General Counsel, VP, Secretary. 4/4/00
Signature, typed or printed name of registered agent and title if applicable. (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	D	<input type="checkbox"/> Delete
NAME	SANAN, SATISH K	
STREET ADDRESS	1812 WOODCREEK DR N	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100 South Missouri Ave.
CITY-ST-ZIP	Clearwater, FL 33756
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	Sridharan, Kasi V.
CITY-ST-ZIP	100 South Missouri Ave.
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S
STREET ADDRESS	Dean, Michael J.
CITY-ST-ZIP	100 South Missouri Ave.
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Dean

APR 14, 2000 (727) 467-8000
SECRETARY

Daytime Phone #

CR2E034 (9/99)