

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018509

1. Entity Name  
**INNOVATIVE MEETING & INCENTIVE SERVICES, INC.**

**FILED**  
**Jul 31, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90013 005 \*\*\*550.00

Principal Place of Business  
**5725 IMPERIAL LAKES BLVD.  
MULBERRY FL 33860**

Mailing Address  
**5725 IMPERIAL LAKES BLVD.  
MULBERRY FL 33860**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3348543**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RIDGWAY, JAMES E  
5725 IMPERIAL LAKES BLVD.  
MULBERRY FL 33860**

Name  
**Robert S. Bolt**

Street Address (P.O. Box Number is Not Acceptable)  
**601 Bayshore Blvd., Suite 700**

City **Tampa** **FL** Zip Code **33606**

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 *Robert S. Bolt*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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** ☐ Delete  
NAME **RIDGWAY, JAMES E JR.**  
STREET ADDRESS **4745 TIERRA ALTA COURT**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **DVT** ☒ Change ☐ Addition  
NAME **James E. Ridgway, Jr.**  
STREET ADDRESS **4745 Tierra Alta Court**  
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition  
NAME **William C. Sellmer**  
STREET ADDRESS **2412 Berkshire Court**  
CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition  
NAME **Timothy F. Brown**  
STREET ADDRESS **845 Pinecrest Drive**  
CITY-ST-ZIP **Bartow, FL 33830**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Timothy F. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-00  
Date

863-644-2456  
Ext. 202  
Daytime Phone #