

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081749

1. Entity Name

IMLMHC, INC.

FILED

Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90030 044 \*\*\*150.00

Principal Place of Business

Mailing Address

1730 KALEYWOOD COURT  
ORLANDO FL 32806

1730 KALEYWOOD COURT  
ORLANDO FL 32812-8339

2. Principal Place of Business

2241 S. GUNWAY RD

3. Mailing Address

2241 S. GUNWAY RD

Suite, Apt. #, etc.

1113

Suite, Apt. #, etc.

1113

City & State

ORLANDO

City & State

ORLANDO

Zip

32812

Country

ORANGE

Zip

32812

Country

ORANGE

4. FEI Number

59-3475498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIPSKY, IRA M

1730 KALEYWOOD COURT

ORLANDO FL 32806

32812

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

IRA M. LIPSKY

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-00

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	PT	<input type="checkbox"/> Delete
NAME	LIPSKY, IRA M	
STREET ADDRESS	1730 KALEYWOOD COURT	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	LIPSKY, ARLINE	
STREET ADDRESS	400 OLD STATE RD. 52	
CITY-ST-ZIP	HURLEYVILLE MY 12747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA M. LIPSKY 3/12/00 407-273-0173

CR2E034 (9/99)