

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102282

1. Entity Name

IMPERIAL FURNITURE COMPANY

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90156 015 \*\*\*563.75

Principal Place of Business

Mailing Address

0000 EXCHANGE DRIVE  
SUITE 220  
ORLANDO FL 32809

8256 EXCHANGE DRIVE  
SUITE 220  
ORLANDO FL 32809-7678

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

59-3504558

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVENUE  
SUITE 1100  
ORLANDO FL 32801

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

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** ☒ Delete  
NAME **HARRIS, MARSHALL S**  
STREET ADDRESS **390 NORTH ORANGE AVENUE SUITE 1100**  
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **P, S, D** ☒ Change ☐ Addition  
NAME **SEVILLA, RICHARD**  
STREET ADDRESS **8256 EXCHANGE DR. #220**  
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **PTFQ** ☒ Delete  
NAME **MADDUX, WILLIAM**  
STREET ADDRESS **9707 GREEN ISLAND COVE**  
CITY-ST-ZIP **WINDERMERE FL 34786**

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

TITLE **SD** ☐ Delete  
NAME **SEVILLA, RICHARD**  
STREET ADDRESS **9707 GREEN ISLAND COVE**  
CITY-ST-ZIP **WINDERMERE FL 34786**

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

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

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

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:

**SIG. RICHARD SEVILLA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/1/00**  
Date

**(407) 856 0447**  
Daytime Phone #

CR2E034 (9/99)