

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079004

1. Entity Name

IMAGINATION STATION OF POLK COUNTY, INC.

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90126 050 \*\*\*150.00

Principal Place of Business  
1200 34TH ST. NW  
WINTER HAVEN FL 33881

Mailing Address  
1200 34TH ST. NW  
WINTER HAVEN FL 33881-2216

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

59-3641301

☒ 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

DELAPORTE, USA  
1200 34TH ST. NW  
WINTER HAVEN FL 33881

Name  
ELLERBEE, SONIA

Street Address (P.O. Box Number is Not Acceptable)  
1200-34TH ST. N.W.

City  
WINTER HAVEN FL Zip Code  
33881

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 *for John W. Selph (P.O.A.)* *Donna L. Ellerbe* 5-3100  
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE 28 APR 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DELAPORTE, USA L  
1200 34TH ST., N.W.  
WINTER HAVEN FL 33881 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ELLERBEE, SONIA L.  
1200 34TH ST. N.W.  
WINTER HAVEN, FL. 33881 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V.P.  
ELLERBEE, MORRIS  
1200 34TH ST. N.W.  
WINTER HAVEN, FL. 33881 ☐ Change ☒ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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: *for P.O.A. upon request* *Donna L. Ellerbe* 4-28-00  
*John W. Selph* 28 APR 00 863-967-1384  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/99)