

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90447 016 \*\*\*150.00

**DOCUMENT # S15112**

1. Entity Name

**IMPERIAL INSURANCE CONNECTION OF FLORIDA INC.**

Principal Place of Business

Mailing Address

~~713 S. ORANGE AVE.~~  
~~SUITE C~~  
~~SARASOTA FL 34236~~  
~~US~~

~~713 S. ORANGE AVE.~~  
~~SUITE C~~  
~~SARASOTA FL 34236~~  
~~US~~

00043033

2. Principal Place of Business

3. Mailing Address

*253 Royal Poinciana Way* *253 Royal Poinciana Way*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 5*

*Suite 5*

City & State

City & State

*Palm Beach FL*

*Palm Beach FL*

Zip

Country

Zip

Country

*33480*

*USA*

*33480*

*USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3038542**

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

**RANSBERGER, JOSEPH**  
**5911 MIDNIGHT PASS**  
**#401**  
**SARASOTA FL 34242**

*Correct Spelling →*

Name *Joseph Ransberger*  
 Street Address (P.O. Box Number is Not Acceptable)  
*253 Royal Poinciana Way #5*  
 City *Palm Beach* **FL** Zip Code *33480*

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, 2001 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	<b>PVTD</b>	<input type="checkbox"/> Delete
NAME	<b>RANSBERGER, JOSEPH</b>	
STREET ADDRESS	<b>5911 MIDNIGHT PASS #401</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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:

*Joseph D. Ransberger* **Joseph D. Ransberger** 4-27-01 561-159-7507  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)