

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

0066081

05-03-2001 90040 031 \*\*\*\*61.25

**DOCUMENT # N12268**

1. Entity Name

**VOLUNTEERS IN SERVICE TO THE ELDERLY, INC.**

Principal Place of Business

853 S NEW YORK AVE  
 LAKELAND FL 33815  
 US

Mailing Address

853 S NEW YORK AVE  
 LAKELAND FL 33815  
 US

2. Principal Place of Business

**1232 E. Magnolia St.**

3. Mailing Address

**1232 E. Magnolia St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Lakeland FL**

City & State

**Lakeland FL**

4. FEI Number

**59-2625297**

Applied For

Not Applicable

Zip

**33801**

Country

**Polk**

Zip

**33801**

Country

**33801**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, E SNOW JR**  
**200 LAKE MORTON**  
**LAKELAND FL 33801**

7. Name and Address of New Registered Agent

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUDSON, GEORGE	
STREET ADDRESS	924 CAMELOT LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CANNON, JOHN	
STREET ADDRESS	332 EUNICE DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MURVIN, RICHARD	
STREET ADDRESS	1238 BRIGHTON WAY	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	MD	<input type="checkbox"/> Delete
NAME	O'REILLY, ALICE C	
STREET ADDRESS	620 LAUREL LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	REUSCHLING, DOTTY	
STREET ADDRESS	50 LAKE HOLLINGSWORTH DR	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mutz, H. William	
STREET ADDRESS	1430 W. Memorial Blvd.	
CITY-ST-ZIP	Lakeland FL 33815	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Petcoff, Sally	
STREET ADDRESS	1037 Rolling Woods Ln	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01 863-284-0828

Date Daytime Phone #

CR2E037 (10/00)