

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90188 032 ****61.25

DOCUMENT # N93000001833

1. Entity Name

ARCADIA MAIN STREET PROGRAM, INC.

Principal Place of Business

**120 W. OAK ST.
 ARCADIA FL 34266
 US**

Mailing Address

**PO BOX 584
 ARCADIA FL 34265
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0383160

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MUNDELL, J R
 120 W. OAK ST.
 ARCADIA FL 33821**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CAMP, KENNETH E JR | |
| STREET ADDRESS | 9 WEST MAGNOLIA ST | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | VAN RYN, LANNY | |
| STREET ADDRESS | 2552 NE TERRER AVE | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | LECROIX, MICHELLE | |
| STREET ADDRESS | 120 W. OAK ST | |
| CITY-ST-ZIP | ARCADIA FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MUNDEU, J.R. | |
| STREET ADDRESS | 120 W OAK ST | |
| CITY-ST-ZIP | ARCADIA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | | |
| 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 | | |

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 REQUIRED

H. So. 2001 863494 2262



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)