

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90135 006 ****61.25

DOCUMENT # \ 765556

1. Entity Name

ART CHAPTER 3520
POINCIANA, FLORIDA

Principal Place of Business

Mailing Address

504 CARLSBAD DR
POINCIANA, FL 34758

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

5928 10 995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOROTHEA A. MULLEN
504 CARLSBAD DR
POINCIANA, FL 34758

Name

SAME

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

Dorothea A. Mullen

4-3-2001

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: PRESIDENT (DECEASED) ☒ Delete
NAME: Robt. Rousch
STREET ADDRESS: 307 EDGEWOOD CT. POINCIANA, FL.
CITY-ST-ZIP:

TITLE: WINIFRED FIELDS ☒ Change ☐ Addition
NAME: WINIFRED FIELDS
STREET ADDRESS: 701 E CADY LANE
CITY-ST-ZIP: POINCIANA, FL 34759 - PRES.

TITLE: SECRETARY - MOVED ☒ Delete
NAME: HELEN OSBORNE
STREET ADDRESS: 519 BASIL CT. POINCIANA, FL
CITY-ST-ZIP:

TITLE: BARBARA HOKANSON ☒ Change ☐ Addition
NAME: BARBARA HOKANSON
STREET ADDRESS: 716 TAHITI DR.
CITY-ST-ZIP: POINCIANA, FL 34758 SEC.

TITLE: TREASURER ☒ Delete
NAME: FRANK ROYALSKI
STREET ADDRESS: 771 SQUIREL CT. POINCIANA, FLA
CITY-ST-ZIP:

TITLE: DOROTHEA A. MULLEN ☒ Change ☐ Addition
NAME: DOROTHEA A. MULLEN
STREET ADDRESS: 504 CARLSBAD DR.
CITY-ST-ZIP: POINCIANA, FL 34758 TREAS

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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:

Dorothea A. Mullen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2001

Date

407-870-0328

Daytime Phone #

CR2E037 (11/00)