

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766505

1. Entity Name

MILLS END COMMUNITY SERVICES ASSOCIATION, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90022 002 ****70.00

Principal Place of Business

Mailing Address

**NINTH AVE.
P.O. BOX 2709
ARCADIA FL 34265
US**

**NINTH AVE.
P.O. BOX 2709
ARCADIA FL 34265-2709
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2852073

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

**BRINSON, JAMES
PO BOX 1265
(9TH AVENUE MILLS END)
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 _____ DATE _____

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 **P** Delete
NAME **BOEHM, TERRY**
STREET ADDRESS **1169 SE 9TH AVE**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **P** Change Addition
NAME **BOEHM, FRANK**
STREET ADDRESS **1169 S.E. 8th AVE**
CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE **SD** Delete
NAME **BOURLAIS, EUNICE**
STREET ADDRESS **1188 SE 8TH AVE**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **BOEHM, JOAN**
STREET ADDRESS **1169 SE 8TH AVE**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **BOURDELAIS, JOANN**
STREET ADDRESS **1168 SE 8TH AVE**
CITY-ST-ZIP **ARCADIA FL 32466**

TITLE **VD** Change Addition
NAME **DEVINE, VINCENT**
STREET ADDRESS **1097 S.E. 8th AVE**
CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE **D** Delete
NAME **BOURDELAIS, HOWIE**
STREET ADDRESS **1168 SE 8TH AVE**
CITY-ST-ZIP **ARCADIA FL 32466**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **BURNS, INA M**
STREET ADDRESS **1168 SE 7TH AVE**
CITY-ST-ZIP **ARCADIA FL 34266**

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: *Frank Boehm* **FRANK BOEHM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00 941-993-3474
Date Daytime Phone #

CR2E037 (9/99)