

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90226 021 \*\*\*\*61.25

**DOCUMENT # 766505**

1. Entity Name

**MILLS END COMMUNITY SERVICES ASSOCIATION, INC.**

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  
 US**

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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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOEHM, FRANK</b> <b>1169 SE 9TH AVE</b> <b>ARCADIA FL 34266</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BOURLAIS, EUNICE</b> <b>1188 SE 8TH AVE</b> <b>ARCADIA FL 34266</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BOEHM, JOAN</b> <b>1169 SE 8TH AVE</b> <b>ARCADIA FL 34266</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DEVKE, VINCENT</b> <b>1168 SE 8TH AVE</b> <b>ARCADIA FL 32466</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOURDELAIS, HOWIE</b> <b>1168 SE 8TH AVE</b> <b>ARCADIA FL 32466</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURNS, INA M</b> <b>1168 SE 7TH AVE</b> <b>ARCADIA FL 34266</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JEAN VITALI</b> <b>1200 S.E. 9TH AVE</b> <b>ARCADIA, FL 34266</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FRANK BOEHM</b> <b>1169 S.E. 8TH AVE</b> <b>ARCADIA, FL 34266</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARILYN LAROCQUE</b> <b>1226 S.E. 9TH AVE</b> <b>ARCADIA, FL 34266</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T.</b> <b>ROBERT DEPNER</b> <b>1102 S.E. 7TH AVE</b> <b>ARCADIA, FL. 34266</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>ASSENETH DEVINE</b> <b>1092 S.E. 8TH AVE</b> <b>ARCADIA, FL. 34266</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>CHARLOTTE SCHAEFER</b> <b>1161 S.E. 8TH AVE.</b> <b>ARCADIA, FL. 34266</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marilyn Larocque*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01** **863-494-9344**  
Date Daytime Phone #

CR2E037 (10/00)