

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836520

1. Entity Name

MUTUAL SERVICE CORPORATION

Principal Place of Business

250 AUSTRALIAN AVE S  
STE 1800  
WPB FL 33401  
US

Mailing Address

PO BOX 24777  
WPB FL 33416-4777  
US

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 38-1893570

Applied For

Not Applicable

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

KAMINSKI, DENNIS S. C/O MUTUAL SERVICE  
250 AUSTRALIAN AVE, SOUTH  
SUITE 1800  
WEST PALM BEACH FL 33401

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME DIXON, JOHN L  
STREET ADDRESS 11043 THYME  
CITY-ST-ZIP PALM BEACH GRDNS FL

TITLE - CHAIRMAN OF THE BOARD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VT ☐ Delete  
NAME POFF, JOHN W  
STREET ADDRESS 3646 CYPRESS EDGE DRIVE  
CITY-ST-ZIP LAKE WORTH FL

TITLE - PRESIDENT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME MILFS, AUDREY  
STREET ADDRESS 26922 ROCKING HORSE LN  
CITY-ST-ZIP LAGUNA HILLS CA

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

TITLE V ☐ Delete  
NAME KAMINSKI, DENNIS S.  
STREET ADDRESS 13632 BRIGHTSTONE STREET  
CITY-ST-ZIP WELLINGTON FL

TITLE EXECUTIVE VICE PRESIDENT ☒ Change ☐ Addition  
NAME ADDRESS CHANGE  
STREET ADDRESS DENNIS S. KAMINSKI  
CITY-ST-ZIP 15585 BELLANCA LN,  
WELLINGTON FL 33414

TITLE DC ☐ Delete  
NAME SCHAFER, GLENN S  
STREET ADDRESS 24036 CORMORANT LN  
CITY-ST-ZIP LAGUNA NIGUEL CA

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

TITLE D ☐ Delete  
NAME ROBINSON, GERALD W  
STREET ADDRESS 35 PLAZA CALOROSO  
CITY-ST-ZIP SAN JUAN CAPISTRANO CA

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dennis S. Kaminski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SR UP/CAO 561-  
DENNIS S KAMINSKI 1/4/01 835 4100



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)