

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003197

1. Entity Name

MILL'S PRIDE, INC.

**FILED**  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90182 026 \*\*\*150.00

Principal Place of Business

Mailing Address

250 S AUSTRALIAN AVE  
13TH FLOOR  
WEST PALM BEACH FL 33401  
US

C/O TAX DEPARTMENT  
21001 VAN BORN ROAD  
TAYLOR MI 48180-1340  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-1241754

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

MICHAEL A CONNELLY  
250 AUSTRALIAN AVE, 13TH FL  
W PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

334

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 \_\_\_\_\_ (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	CCTS	<input type="checkbox"/> Delete
NAME	MICHAEL A CONNELLY	
STREET ADDRESS	250 AUSTRALIAN AVE, 13TH FLOOR	
CITY-ST-ZIP	WEST PALM BCH FL 33401	
TITLE	P	<input type="checkbox"/> Delete
NAME	HEALEY, RICHARD	
STREET ADDRESS	250 AUSTRALIAN AVE, 13TH FLOOR	
CITY-ST-ZIP	WEST PALM BCH FL 33401	
TITLE	COB	<input type="checkbox"/> Delete
NAME	HEALEY, MALCOLM S	
STREET ADDRESS	250 S AUSTRALIAN AVE 13TH FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VTAS	<input type="checkbox"/> Delete
NAME	MOSTELLER, RICHARD G	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY-ST-ZIP	TAYLOR MI 48180-1340	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GARGARO, EUGENE A JR	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY-ST-ZIP	TAYLOR MI 48180-1340	
TITLE	V	<input type="checkbox"/> Delete
NAME	DORAN, DAVID A	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY-ST-ZIP	TAYLOR MI 48180-1340	

TITLE	C AT AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	250 S. Australian Ave., 13th. Floor	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	250 S. Australian Ave., 13th. Floor	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V T AS D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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		

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: \_\_\_\_\_

David A. Doran

4/24/01

313/792-6162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)