

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

0008420

DOCUMENT # N02075

1. Entity Name

MULLALLY MANOR, INC.

02-27-2001 90361 038 ****61.25

Principal Place of Business

**%CASA SAN PABLE
 401 N. RIDGEWOOD AVE.
 DAYTONA BEACH FL 32114
 US**

Mailing Address

**C/O EDGAR M.DUNN, JR.
 347 S. RIDGEWOOD AVE. PO DRAWER 2600
 DAYTONA BEACH FL 32114-4933**



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

59-2410785

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

**DUNN, EDGAR M JR
 347 S. RIDGEWOOD AVENUE
 DAYTONA BEACH FL 32115**

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

**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 **PD** Delete
 NAME **KELLY, JOAN**
 STREET ADDRESS **512 PELICAN BAY DR.**
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SMITH, DOLORES**
 STREET ADDRESS **809 BANBURY DRIVE**
 CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BROWN, LONNIE**
 STREET ADDRESS **37 OAKMONT CIR.**
 CITY-ST-ZIP **ORMOND BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **CLELAND, PATRICIA R**
 STREET ADDRESS **807 CORDOVA AVE**
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **WEBSTER, ROBERT R**
 STREET ADDRESS **P. O. BOX 646 N/A**
 CITY-ST-ZIP **DAYTONA BCH. FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WHITE, KATIE**
 STREET ADDRESS **169 GULL CIR., NORTH**
 CITY-ST-ZIP **DAYTONA BCH. FL**

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: *Joan M. Kelly*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/2/01* Daytime Phone #: *904-761-3838*

CR2E037 (10/00)