

**2002 UNIFORM BUSINESS REPORT (UBR)**

2/2

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90111 028 \*\*\*\*61.25

**DOCUMENT # N02075**

1. Entity Name

**MULLALLY MANOR, INC.**

Principal Place of Business: **1/2 CASA SAN PABLO**  
 401 N. RIDGEWOOD AVE.  
 DAYTONA BEACH FL 32114  
 US

Mailing Address: *Same*  
 347 S. RIDGEWOOD AVE., 2ND FLOOR 2000  
 DAYTONA BEACH FL 32114-9333

27449



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-2410785**  
 Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 Mr. Ron Parkes  
 25 Country Club Drive  
 Ormond Beach, FL 32176

7. Name and Address of New Registered Agent  
 Name: **Ronald G Parkes**  
 Street Address (P.O. Box Number is Not Acceptable): **25 Country Club Dr.**  
 City: **Ormond Beach FL** Zip Code: **32176**

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: *Ronald G. Parkes* DATE: **March 18, 2002**

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

TITLE: <i>Pres</i> NAME: <del>KELEY, JOAN</del> STREET ADDRESS: <b>512 PELICAN BAY DR.</b> CITY-ST-ZIP: <b>DAYTONA BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE: <i>Off</i> NAME: <b>SMITH, DOLORES</b> STREET ADDRESS: <b>809 BANBURY DRIVE</b> CITY-ST-ZIP: <b>PORT ORANGE FL 32119</b>	<input type="checkbox"/> Delete
TITLE: <i>Off</i> NAME: <b>BROWN, LONNIE</b> STREET ADDRESS: <b>37 OAKMONT CIR.</b> CITY-ST-ZIP: <b>ORMOND BCH FL</b>	<input type="checkbox"/> Delete
TITLE: <i>Off</i> NAME: <b>CLELAND, PATRICIA R</b> STREET ADDRESS: <b>807 CORDOVA AVE</b> CITY-ST-ZIP: <b>ORMOND BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE: <i>VP</i> NAME: <b>WEBSTER, ROBERT R</b> STREET ADDRESS: <b>P. O. BOX 648 N/A</b> CITY-ST-ZIP: <b>DAYTONA BCH. FL</b>	<input type="checkbox"/> Delete
TITLE: <i>Off</i> NAME: <b>WHITE, KATIE</b> STREET ADDRESS: <b>189 GULL CIR., NORTH</b> CITY-ST-ZIP: <b>DAYTONA BCH. FL</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE: <i>Pres</i> NAME: <b>PARKES, RONALD G</b> STREET ADDRESS: <b>25 Country Club Dr</b> CITY-ST-ZIP: <b>Ormond Beach, FL 32176</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <i>Off</i> NAME: <b>MARY MICHAEL HILL</b> STREET ADDRESS: <b>P.O. Box 646</b> CITY-ST-ZIP: <b>Daytona Beach, FL 32115</b>	<input checked="" type="checkbox"/> Change <input checked="" 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: *[Signature]* DATE: **2-4-2002** Phone: **386-673-5453**

CR2007 (9/01)