

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90022-046-\$61.25-\$61.25

DOCUMENT # N96000004587

1. Entity Name

MT. PLEASANT NO LONGER BOUND, INC.

(R)

Principal Place of Business

Mailing Address

4077 PRINCE HALL BLVD
ORLANDO FL 32811

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ORLANDO FL 32811

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT -2 AM 11:50



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4077 Prince Hall Blvd

4077 Prince Hall Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32811

USA

32811

USA

4. FEI Number

59-3440348

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRINCE, WALTER R REV
1801 CROWLEY CIRCLE
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Rev. Walter R. Prince, Jr.

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

1801 Crowley Circle

City

Longwood

FL

Zip Code

32779

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

9/11/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	SPRAULING, PAT	
STREET ADDRESS	843 KEATS AVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINS, WALTER	
STREET ADDRESS	5064 MALLARD POND COURT	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOX, JACQUE	
STREET ADDRESS	2847 CARTER GROVE CIRCLE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Santa Mathis	
STREET ADDRESS	3301 Spring Run Avenue	
CITY-ST-ZIP	Orlando, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Riky	
STREET ADDRESS	4519 Lake Calaby Dr.	
CITY-ST-ZIP	Orlando, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ben Davis	
STREET ADDRESS	8215 BLUESTAR CIR	
CITY-ST-ZIP	Orlando, FL 32819	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/27/00

CR2E037 (5/00)