

2001 UNIFORM BUSINESS REPORT-(UBR)

3

FILED
Apr 12, 2001 8:00 am
Secretary of State
 03-22-2001 90042 006 ****61.25

DOCUMENT # N96000004587

1. Entity Name

MT. PLEASANT NO LONGER BOUND, INC.

Principal Place of Business

**4077 PRINCE HALL BLVD
 ORLANDO FL 32811**

Mailing Address

**4077 PRINCE HALL BLVD
 ORLANDO FL 32811**

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

59-3440348

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

**PRINCE, WALTER R REV
 1801 CROWLEY CIRCLE
 LONGWOOD FL 32779**

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

3/02/01

**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	D	<input checked="" type="checkbox"/> Delete
NAME	MATHIS, JACINTA	
STREET ADDRESS	5504 SPRING RUN AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RILEY, CHARLES	
STREET ADDRESS	4519 LAKE CALABY DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, BEN	
STREET ADDRESS	8215 BLUESTAR CIR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	Walter Prince	<input type="checkbox"/> Delete
NAME	1801 Crowley Circle	
STREET ADDRESS	Longwood, FL 32779	
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	Board Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alvin White	
STREET ADDRESS	8516 Old Winter Garden Rd	
CITY-ST-ZIP	Orlando, FL 32835	
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	Chief Executive Officer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter Prince	
STREET ADDRESS	1801 Crowley Circle	
CITY-ST-ZIP	Longwood, FL 32779	
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

03/02/01

Date

Daytime Phone #

CR2E037 (10/00)