

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90300 005 \*\*\*\*\*61.25

**DOCUMENT # N96000004587**

1. Entity Name

**MT. PLEASANT NO LONGER BOUND, INC.**



Principal Place of Business

**511 W. SOUTH STREET  
STE 10  
ORLANDO FL 32805**

Mailing Address

**511 W. SOUTH STREET  
STE 10  
ORLANDO FL 32805**

2. Principal Place of Business

*511 W. South St.*

Suite, Apt. #, etc.

*10*

City & State

*Orlando, FL*

Zip

*32805*

Country

*USA*

3. Mailing Address

*511 W. South St.*

Suite, Apt. #, etc.

*10*

City & State

*Orlando, FL*

Zip

*32805*

Country

*USA*



☒ CHECK HERE IF MAKING CHANGES

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

**WHITE, ALVIN JR  
8516 OLD WINTER GARDEN RD., STE 101  
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name

*LARRY SHANNON*

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

*4077 PRENCE HALL BLVD*

City

*ORLANDO*

FL

Zip Code

*32811*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Larry Shannon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/29/03*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME **DC WHITE, ALVIN**  
STREET ADDRESS **8516 OLD WINTER GARDEN RD SUITE 101**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete  
NAME **TD DAVIS, BEN**  
STREET ADDRESS **8215 BLUESTAR CIR**  
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete  
NAME **T WEAVER, RONICE**  
STREET ADDRESS **4630 KIRKMAN RD., #201**  
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME *LARRY SHANNON*  
STREET ADDRESS *4077 PRENCE HALL BLVD.*  
CITY-ST-ZIP *ORLANDO, FL 32811*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

*Larry Shannon*

*1/29/03*

*321-229-5034*

CR2E037 (10/02)