

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90045 021 ****61.25

DOCUMENT # N97000001021

1. Entity Name

PREVENT A LITTER SOCIETY (P.A.L.S.), INC.

Principal Place of Business

PO BOX 5135
 ST AUGUSTINE FL 32085 32085

Mailing Address

PO BOX 5135
 ST AUGUSTINE FL 32085 32085

2. Principal Place of Business

P.O. Box 5135

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5135

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32085

Country

USA

Zip

32085

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOLY, EDA L
 510 12TH STREET, NORTH BEACH
 ST AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

Name

Dorothy Burbank-Harrell

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

5187 Farm Creek Rd

City

St. Augustine

FL

Zip Code

32092

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

TITLE ☐ Delete
 NAME **BM**
 STREET ADDRESS **MULL, SHARON**
 CITY-ST-ZIP **140 RONALD ROAD**
ST. AUGUSTINE FL 32095

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **HARRELL, DOROTHY**
 CITY-ST-ZIP **5187 FARM CREEK RD**
ST. AUGUSTINE FL 32095

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **BARNETT, HUNTER**
 CITY-ST-ZIP **4742 KERLE ST**
JACKSONVILLE FL 32205-4904

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **BOLY, EDA**
 CITY-ST-ZIP **510 12TH ST NORTH BEACH**
ST AUGUSTINE FL 32095

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **GILMORE, GAIL**
 CITY-ST-ZIP **13 THIRD STREET**
ST. AUGUSTINE FL 32084

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GARNISS, BETTY**
 CITY-ST-ZIP **603 GERONA AVE.**
ST. AUGUSTINE FL 32086

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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: *Dorothy Burbank-Harrell* **Treasurer** **01/24/01 904-940-5420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)