

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90407 001 \*\*\*\*61.25  
 02-08-2001 90407 002 \*\*\*\*8.25

**DOCUMENT # N97000005919**

1. Entity Name

**TEEN ACTIVITY PROGRAMS, INC.**

Principal Place of Business

% P.O. BOX 2355  
 ORANGE PARK FL 32067  
 US

Mailing Address

% P.O. BOX 2355  
 ORANGE PARK FL 32067  
 US

2. Principal Place of Business

**1530 WHITLOCK AVE #10**  
 Suite, Apt. #, etc. **#10**

3. Mailing Address

**1530 WHITLOCK AVE**  
 Suite, Apt. #, etc. **#10**

City & State

**JACKSONVILLE, FLA.**

City & State

**JACKSONVILLE, FLA.**

Zip

**32277**

Country

**U.S.A.**

Zip

**32277**

Country

**U.S.A.**

4. FEI Number

**59-3473483**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

**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 **PSTD** ☒ Delete  
 NAME **BURNS, MARILYN**  
 STREET ADDRESS **2913 PACES FERRY RD**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **VD** ☒ Delete  
 NAME **BURNS, EDWARD D**  
 STREET ADDRESS **2913 PACES FERRY RD**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☒ Delete  
 NAME **BURNS, TARLA**  
 STREET ADDRESS **2913 PACES FERRY RD**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

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 **MANAGING EXECUTIVE DIRECTOR** ☒ Change ☐ Addition  
 NAME **Patrick Mullin**  
 STREET ADDRESS **8787 Southside BLVD apt 5207**  
 CITY-ST-ZIP **JACKSONVILLE, FL. 32256**

TITLE **D** ☒ Change ☐ Addition  
 NAME **charlie mullin**  
 STREET ADDRESS **8787 Southside BLVD apt 5207**  
 CITY-ST-ZIP **JACKSONVILLE, FL. 32256**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Mike Mullin**  
 STREET ADDRESS **8787 Southside BLVD apt 5207**  
 CITY-ST-ZIP **JACKSONVILLE, FL. 32256**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-30-01 (904) 742-8336**

Date

Daytime Phone #

CR2E037 (10/00)