

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90186 028 ****61.25

DOCUMENT # 715459

1. Entity Name

MID FLORIDA COMMUNITY SERVICES, INC.

Principal Place of Business

Mailing Address

8055 KENNEDY BLVD.
 P.O. BOX 896
 BROOKSVILLE FL 34605-7896

820 KENNEDY BLVD
 P.O. BOX 896
 BROOKSVILLE FL 34605-0896
 US

00025873



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1235202

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GEORGINI, MICHAEL J.
HIGHWAY 301 SOUTH
OXFORD FL 32684

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	NEVILLE, EUNICE M	
STREET ADDRESS	S COUNTY RD 453 POB 715	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 83538	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOULTON, KAREN	
STREET ADDRESS	7348 BROAD ST	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	ED	<input type="checkbox"/> Delete
NAME	GEORGINI, MICHAEL J.	
STREET ADDRESS	HWY 301 SO.,P.O. BOX 26	
CITY-ST-ZIP	OXFORD FL 34434	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAING, DAVID A	
STREET ADDRESS	1170 MARINER BLVD	
CITY-ST-ZIP	SPRING HILL FL 34609	
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"/> 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		
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:

Michael J. Georgini
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

352-796-1425

Daytime Phone #

CR2E037 (9/99)