

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740360

1. Entity Name

ECONOMIC DEVELOPMENT COMMISSION OF MID-FLORIDA

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90902 024 ****70.00

Principal Place of Business 200 EAST ROBINSON STREET SUITE 600 ORLANDO FL 32801-8957	Mailing Address 200 EAST ROBINSON STREET SUITE 600 ORLANDO FL 32801-1957
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 301 E. Pine Street	3. Mailing Address 301 E. Pine Street
Suite, Apt. #, etc. Suite 900	Suite, Apt. #, etc. Suite 900
City & State Orlando, FL	City & State Orlando, FL

4. FEI Number 59-1767933	Applied For <input type="checkbox"/> Not Applicable
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Zip 32801-2705	Country	Zip 32801-2705	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GRAY, CHARLES J. ESQ.
GRAY, HARRIS & ROBINSON, PA
201 E. PINE ST., STE 1200
ORLANDO FL 32801

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 NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, F DAVID 11 S BUMBYU AVE ORLANDO FL 32853	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MELTON, HOWELL JR 200 E ROBINSON ST., STE 600 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, THOMAS 500 S ORANGE AVE SUITE 108 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C YOCHUM, THOMAS H 200 S ORANGE AVE 6TH FL ORLANDO FL 32802	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLEY, DARRELL J 200 E ROBINSON ST., SUITE 600 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOBROFF, MICHAEL L 200 E ROBINSON ST SUITE 600 ORLANDO FL 32801	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Rigsby, John N. 2251 Lucien Way, STE 320 Maitland, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	301 E. Pine Street, STE 900 Orlando, FL 32801-2705	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	301 E. Pine Street, STE 900 Orlando, FL 32801-2705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *SICILIA...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)