

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87775

1. Entity Name

FLORIDA MIDDLE PROPERTIES, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90047 002 ***150.00

Principal Place of Business

Mailing Address

205 S. HOOVER STREET
 TAMPA FL 33609

205 S. HOOVER STREET
 TAMPA FL 33609-3500

2. Principal Place of Business

3. Mailing Address:

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2623788

Applied For

Not Applicable

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

HUGHEY, L.M.
 205 S. HOOVER STREET
 TAMPA FL 33609

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CPD						
	HUGHEY, L.M.	205 S HOOVER STREET	TAMPA FL				
	VD						
	FARMER, JD	205 S HOOVER ST #400	TAMPA FL				
	SD						
	CARTER, SHIRLEY H.	205 S. HOOVER STREET	TAMPA FL				
	T						
	RAWLINS, WAMITA M.	205 S. HOOVER STREET	TAMPA FL				
	VASD						
	BROWNE, J. DANFORTH	205 SOUTH HOOVER STREET	TAMPA FL				

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE *mech...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

Date

Daytime Phone #