

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90123 011 \*\*\*150.00

**DOCUMENT # K81222**

1. Entity Name

**MID-FLORIDA LAND INVESTMENTS, INC.**

80008490



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1001 E BAKER ST CTYD SQ STE 201 PLANT CITY FL 33566 US	Mailing Address 1001 E BAKER ST CTYD SQ 201 PLANT CITY FL 33566-3700 US
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2. Principal Place of Business 707 N. Collins Street Suite, Apt. #, etc.	3. Mailing Address 707 N. Collins Street Suite, Apt. #, etc.
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City & State Plant City, FL. 33566	City & State Plant City, FL. 33566	4. FEI Number 59-2943188	Applied For <input type="checkbox"/> Not Applicable
Zip 33566	Country United States	Zip 33566	Country United States

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CROCKER, DONNA JEAN 1001 EAST BAKER STREET, STE 201 PLANT CITY 33566	7. Name and Address of New Registered Agent Name CROCKER, DONNA -JEAN Street Address (P.O. Box Number is Not Acceptable) 707 N. Collins Street City Plant City, FL Zip Code 33566
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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 X Donna Jean Crocker (NOTE: Registered Agent signature required when reinstating) DATE January 19, 2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, HELEN 2403 ARDSON PLACE 902B TAMPA FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CROCKER, DONNA J 1001 E BAKER ST, STE 201 PLANT CITY FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X Donna J Crocker SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE January 19, 2000 Daytime Phone #

CR2E034 (9/99)