

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90420 049 ***150.00

DOCUMENT # S19367

1. Entity Name

THE MIDDLETON CORPORATION OF MELROSE

Principal Place of Business

~~303 STATE RD 26~~
MELROSE FL 32666

Mailing Address

303 STATE RD 26
MELROSE FL 32666

2. Principal Place of Business

STATE ROAD 26

3. Mailing Address

P.O. Box 749

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELROSE FL

City & State

Melrose FL

Zip

32666 U.S.A.

Zip

32666

Country

U.S.A.

4. FEI Number

59-3044440

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIDDLETON, JOHN D.
303 ST RD 26
MELROSE FL 32666

7. Name and Address of New Registered Agent

CLYDE B. TERWILLEGAR JR. (PRES.)
P.O. Box 749 - STATE ROAD 26 - 319
MELROSE FL 32666

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

CLYDE B. TERWILLEGAR JR.

Clyde B. Terwilligar 4/25/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE OP
NAME MIDDLETON, JOHN D
STREET ADDRESS 303 ST RD 26
CITY-ST-ZIP MELROSE FL ☒ Delete

TITLE OT
NAME CAPONE, MARY ANN
STREET ADDRESS PO BOX 3122
CITY-ST-ZIP VERO BEACH FL 32964 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE OP CLYDE B. TERWILLEGAR JR. ☒ Change ☒ Addition
NAME
STREET ADDRESS P.O. Box 749 S.R. 26
CITY-ST-ZIP MELROSE, FL. 32666

TITLE OT C.J. SEAR ☐ Change ☒ Addition
NAME
STREET ADDRESS 300 OREOLE ST.
CITY-ST-ZIP KEYSTONE HTS 32656

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE:

Clyde B. Terwilligar

4/25/2001 (352) 478-1928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)