

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 174461

1. Entity Name

MIDWAY INDUSTRIES, INC.

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90013 047 \*\*\*150.00

Principal Place of Business

Mailing Address

730 OAK DRIVE (ZIP 34711)  
P.O. BOX 120606  
CLERMONT FL. 34712

730 OAK DRIVE (ZIP 34711)  
P.O. BOX 120606  
CLERMONT FL. 34712-0606

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

59-6076810

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

MCCAFFREY, MARK L.  
18900 COUNTY RD. 561  
(P. O. BOX 120606, 34712)  
CLERMONT FL 34711

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

*Mark L. McCaffrey*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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 SD ☒ Delete  
NAME MCCAFFREY, P.A.  
STREET ADDRESS 730 OAK DR.  
CITY-ST-ZIP CLERMONT FL

TITLE PD ☐ Delete  
NAME MCCAFFREY, MARK L  
STREET ADDRESS 18900 COUNTY ROAD 561  
CITY-ST-ZIP CLERMONT FL

TITLE D ☒ Delete  
NAME MCCAFFREY, D. M.  
STREET ADDRESS 730 OAK DR  
CITY-ST-ZIP CLERMONT FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VED ☐ Change ☒ Addition  
NAME Rita McCaffrey Clark  
STREET ADDRESS P.O. Box 120606 730 Oak Dr.  
CITY-ST-ZIP Clermont, FL.

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

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

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

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

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

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:

*Mark L. McCaffrey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 252-394-8104

CR2F034 / 0/00