2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 679984

1. Entity Name MID-FLORIDA HOMES, INC.

(R)

FILED
Sep 11, 2000 8:00 am
Secretary of State
09-11-2000 90017 031 ***150.00

Principal Place of Business: 7800 South Pine Ave, Ocala, FL 34480

Mailing Address: Same

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2004610 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

James C. McCraney
6814 N.E. 35th Lane
Silver Springs, FL 34488

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 ______ DATE
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, 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	President/Director	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	James C. McCraney		NAME	
STREET ADDRESS	6814 N.E. 35th Ln		STREET ADDRESS	
CITY-ST-ZIP	Silver Springs, FL 34488		CITY-ST-ZIP	
TITLE	Sec/Tres.	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	Charlene N. McCraney		NAME	
STREET ADDRESS	6814 N.E. 35th Ln		STREET ADDRESS	
CITY-ST-ZIP	Silver Springs, FL 34488		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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: James C. McCraney – James C. McCraney 9-5-2000 (352) 622-1157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # 679984
B0105171

mid-florida HOMES INC.

7800 S. Pine Avenue
Ocala, Florida 34480
(352) 622-1157

September 5, 2000

Division of Corporations
Tallahassee, Fl. 32314

The reason this report is late is because this form was not received by us previously. We have no way of knowing why. As a result we are enclosing the regular Filing Fee of $150.00.

Thank you,

James C. McCraney

James C. McCraney
President