

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740360

1. Entity Name

ECONOMIC DEVELOPMENT COMMISSION OF MID-FLORIDA,

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90021 039 \*\*\*\*61.25

Principal Place of Business

301 E. PINE ST  
SUITE 900  
ORLANDO FL 32801-8957

Mailing Address

301 E. PINE ST  
SUITE 900  
ORLANDO FL 32801-8957

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

59-1767933

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

GRAY, CHARLES J. ESQ.  
GRAY, HARRIS & ROBINSON, PA  
201 E. PINE ST., STE 1200  
ORLANDO FL 32801

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STD RIGSBY, JOHN N	<input type="checkbox"/> Delete
STREET ADDRESS	2251 LUCIEN WAY, STE 320	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE NAME	D MELTON, HOWELL JR	<input type="checkbox"/> Delete
STREET ADDRESS	200 E ROBINSON ST., STE 600	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE NAME	C HUNT, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	500 S ORANGE AVE SUITE 108	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE NAME	D YOCUM, THOMAS H	<input type="checkbox"/> Delete
STREET ADDRESS	200 S ORANGE AVE 6TH FL	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE NAME	PD KELLEY, DARRELL J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	301 E. PINE ST., STE 900	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE NAME	VD BOBROFF, MICHAEL L	<input type="checkbox"/> Delete
STREET ADDRESS	301 E. PINE ST., STE 900	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	C Melton, Howell, Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	301 East Pine Street, Suite 900	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE NAME	D Hunt, Thomas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	301 East Pine Street, Suite 900	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE NAME	D Wallace, Derrick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	30 South Ivey Lane	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE NAME	PD Gilley, Raymond	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	301 E. Pine St., Ste 900	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael L Bobroff* Executive Vice President

3/16/01

407/422-7159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)