

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

060397

DOCUMENT # 849871

1. Entity Name

MID-AMERICA CONSTRUCTION COMPANY

02-15-2001 90105 019 ***150.00

Principal Place of Business

Mailing Address

5900 POPLAR, Suite 100
 MEMPHIS TN 38119

5900 POPLAR, Suite 100
 MEMPHIS TN 38119

80015906

2. Principal Place of Business

5900 Poplar Ave.

Suite, Apt. #, etc.

Suite 100

City & State

Memphis TN

Zip

38119

Country

USA

3. Mailing Address

5900 Poplar Ave.

Suite, Apt. #, etc.

Suite 100

City & State

Memphis TN

Zip

38119

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **62-0879644**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD	<input type="checkbox"/> Delete
NAME	WEHRUM, WILLIAM L	
STREET ADDRESS	1437 CENTRAL	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORGAN, HENRY W	
STREET ADDRESS	6830 MASSEY LANE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLAIBORNE, CHARLES H.	
STREET ADDRESS	2465 LACOST AVE.	
CITY-ST-ZIP	BARTLETT TN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORGAN, HENRY W	
STREET ADDRESS	6830 MASSEY LANE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYLE, J BAYARD JR	
STREET ADDRESS	570 SHADY GROVE RD.	
CITY-ST-ZIP	MEMPHIS TN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Charles H. Claiborne

Charles H. Claiborne

2/7/01

901 767 0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)