

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27830**

1. Entity Name

**MIDLAND PROPERTIES LIMITED PARTNERSHIP I**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 PM 3:00

Principal Place of Business  
**33 NORTH GARDEN AVENUE, SUITE 1200  
CLEARWATER FL 33755**

Mailing Address  
**33 NORTH GARDEN AVENUE, SUITE 1200  
CLEARWATER FL 33755-6610**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2926373</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MIDLAND FINANCIAL HOLDINGS, INC.  
33 NORTH GARDEN AVENUE, SUITE 1200  
CLEARWATER FL 33755**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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. Capital Contributions as Shown on record. <b>\$1,200,329.50</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>K22808</b>	<b>MIDLAND EQUITY CORP.</b>	STREET ADDRESS	
NAME	<b>33 NORTH GARDEN AVENUE, SUITE 1200</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>CLEARWATER FL 33755</b>		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	<b>500003229235--6</b>
NAME		CITY - ST - ZIP	<b>-04/28/00--01036--011</b>
STREET ADDRESS			<b>****526.25 ****526.25</b>
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Ray F. Mathis, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/4/00 (727) 461-4801  
Date Daytime Phone #