

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F06925

1. Entity Name

MID-FLORIDA AT EUSTIS, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90148 011 ***150.00

A0012374



DO NOT WRITE IN THIS SPACE

Principal Place of Business 19708 EUSTIS AIRPORT RD P O BOX 1351 EUSTIS FL 32727-1351 US	Mailing Address P O BOX 1351 P O BOX 1351 EUSTIS FL 32727 US
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2. Principal Place of Business SAME	3. Mailing Address SAME
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2045383	Applied For ☒ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIKES, BILLY G. 19708 EUSTIS AIRPORT RD EUSTIS FL 32727-1351

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 BILLY G. SPIKES PRES. Signature, typed or printed name of registered agent and title if applicable.	1-17-01 DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	☐
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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
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THIBAUT, MICHAEL L 9000 NE 120TH ST OKEECHOBEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SPIKES, BILLY G 19708 EUSTIS AIRPORT RD P O BOX 1351 EUSTIS, FL 32726 32727	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: BILLY G. SPIKES PRES. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-17-01 Date	 Daytime Phone #
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CR2E034 (10/00)