

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J13470

1. Entity Name

MIM FINANCIAL INC.

FILED

00 MAR -6 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M3676



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

9799 OLD ST AUGUSTINE ROAD
JACKSONVILLE FL 32257
US

9799 OLD ST AUGUSTINE ROAD
JACKSONVILLE FL 32259
US

2. Principal Place of Business

3. Mailing Address

3001 Hartley Rd.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

4. FEI Number

59-2718504

Applied For

Not Applicable

Zip

Country

32257

Zip

Country

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

LEGRAND, RONALD F.
9799 OLD ST AUGUSTINE ROAD
JACKSONVILLE FL 32257

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-00

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	DP	<input checked="" type="checkbox"/> Delete
NAME	LEGRAND, RONALD F.	
STREET ADDRESS	9799 OLD ST AUGUSTINE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	Legrand, Ronald F	
STREET ADDRESS	11570 San Jose Blvd -14	
CITY-ST-ZIP	Jacksonville, Fla 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00

Daytime Phone #

9042620481

CR2E034 (9/99)