

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K22809

1. Entity Name

MIDLAND FINANCIAL HOLDINGS, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90060 031 ***150.00

Principal Place of Business

Mailing Address

% ROBERT J. BANKS
33 N GARDEN AVE. SUITE 1200
CLEARWATER FL 33755
US

% ROBERT J. BANKS
33 N GARDEN AVE. SUITE 1200
CLEARWATER FL 33755-6610
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2892513

Applied For

Not Applicable

Zip

Country

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

BANKS, ROBERT J.
33 N GARDEN AVE, SUITE 1200
CLEARWATER FL 33755

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, 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 type="checkbox"/> Delete
NAME	BANKS, ROBERT J.	
STREET ADDRESS	33 N GARDEN AVE, SUITE 1200	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MATHIS, RAY F.	
STREET ADDRESS	33 N GARDEN AVE, SUITE 1200	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GLOECKL, KEITH J.	
STREET ADDRESS	33 N GARDEN AVE, SUITE 1200	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CHEERS, LINDA D	
STREET ADDRESS	33 N GARDEN AVE, SUITE 1200	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	BUDD, WILLIAM K	
STREET ADDRESS	33 N GARDEN AVE STE 1200	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, ROBERT J.	
STREET ADDRESS	33 N Garden Avenue, Suite 1200	
CITY-ST-ZIP	Clearwater, FL	
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
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

William K. Budd
Vice President & General Counsel

Date

Daytime Phone #

2/3/00 727/461-4801