

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90123 011 \*\*\*150.00

**DOCUMENT # K81222**

1. Entity Name

**MID-FLORIDA LAND INVESTMENTS, INC.**

Principal Place of Business

1001 E BAKER ST  
 CTYD SQ STE 201  
 PLANT CITY FL 33566  
 US

Mailing Address

1001 E BAKER ST  
 CTYD SQ 201  
 PLANT CITY FL 33566-3700  
 US

2. Principal Place of Business

**707 N. Collins Street**

Suite, Apt. #, etc.

3. Mailing Address

**707 N. Collins Street**

Suite, Apt. #, etc.

City & State

**Plant City, FL. 33566**

City & State

**Plant City, FL. 33566**

4. FEI Number

**59-2943188**

Applied For

Not Applicable

Zip

**33566**

Country

**United States**

Zip

**33566**

Country

**United States**

5. Certificate of Status Desired ☐

**\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

**CROCKER, DONNA JEAN**  
**1001 EAST BAKER STREET, STE 201**  
**PLANT CITY 33566**

7. Name and Address of New Registered Agent

Name **CROCKER, DONNA -JEAN**

Street Address (P.O. Box Number is Not Acceptable)  
**707 N. Collins Street**

City

**Plant City,**

**FL**

Zip Code  
**33566**

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

*Donna Jean Crocker*

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

(NOTE: Registered Agent signature required when reinstating)

*January 19, 2000*

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIS, HELEN	
STREET ADDRESS	2403 ARDSON PLACE 902B	
CITY-ST-ZIP	TAMPA FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	CROCKER, DONNA J	
STREET ADDRESS	1001 E BAKER ST, STE 201	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKER, DONNA JEAN	
STREET ADDRESS	707 N. COLLINS STREET	
CITY-ST-ZIP	PLANT CITY, FL 33566	
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		
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:

*Donna Jean Crocker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 19, 2000*

Date

Daytime Phone #

CR2E034 (9/99)