

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 06, 2001 8:00 am
Secretary of State

04-30-2001 90383 031 ****61.25

DOCUMENT # N00000003186

1. Entity Name

MID-FLORIDA PHILATELIC SOCIETY, INC.

Principal Place of Business

100 N SPRING TRAIL
 ALTAMONTE SPRINGS FL 32714-3461

Mailing Address

100 N SPRING TRAIL
 ALTAMONTE SPRINGS FL 32714-3461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

SHIRLEY, JOHN D
 100 N SPRING TRAIL
 ALTAMONTE SPRINGS FL 32714-3461

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 reissuing)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: D
 NAME: DELGADO, MANNY
 STREET ADDRESS: 641 E LEHIGH DR
 CITY-ST-ZIP: DELTONA FL 32728 ☐ Delete

TITLE: D
 NAME: ESTES, JAMES A
 STREET ADDRESS: 2110 KEWANNE TRAIL
 CITY-ST-ZIP: CASSELBERRY FL 32707 ☐ Delete

TITLE: D
 NAME: LETT, ELEANOR
 STREET ADDRESS: 4053 TERWOOD AVE
 CITY-ST-ZIP: ORLANDO FL 32812 ☐ Delete

TITLE: D
 NAME: MIZAK, THOMAS L
 STREET ADDRESS: 969 E PALM VALLEY DR
 CITY-ST-ZIP: OVIEDO FL ☐ Delete

TITLE: D
 NAME: PATRICK, A STEPHEN
 STREET ADDRESS: 2729 CLOUDCROFT DR
 CITY-ST-ZIP: APOPKA FL 32703 ☐ Delete

TITLE: D
 NAME: PRIEST, RANDALL D JR
 STREET ADDRESS: 4500 SOUTH SANFORD AVE
 CITY-ST-ZIP: SANFORD FL 32733 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHIRLEY REQUESTED BY D. SHIRLEY 4/19/01 407-788-6067
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (10/00)