

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40455

1. Entity Name

MIDWAY CITIZENS AGAINST DRUGS, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90009 008 \*\*\*\*70.00

Principal Place of Business  
C/O CONSTANCE ANDERSON  
2480 CRAWFORD DR.  
SANFORD FL 32771

Mailing Address  
C/O CONSTANCE ANDERSON  
2480 CRAWFORD DR.  
SANFORD FL 32771-8465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3107070**  
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

BYRD, RAY  
142 CARVER AVE.  
SANFORD FL 32771

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	BYRD, RAY	
STREET ADDRESS	142 CARVER AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ANDERSON, CONSTANCE	
STREET ADDRESS	2480 CRAWFORD DR.	
CITY-ST-ZIP	SANFORD FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PERKINS, LOUISE	
STREET ADDRESS	2351 BRISSON AVE.	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYRD, JAMES C.	
STREET ADDRESS	2910 MIDWAY AVENUE	
CITY-ST-ZIP	SANFORD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, DELORIS	
STREET ADDRESS	2551 BYRD ST	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Deloris Williams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00 407 323 7918  
Date Daytime Phone #

CR2E037 (9/99)