

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001341

1. Entity Name

MIDWAY FOREST HOMEOWNERS ASSOCIATION, INC.

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

04-10-2000 90015 007 ****61.25

Principal Place of Business

Mailing Address

1304 COVINGTON DR.
TALLAHASSEE FL 32312

1304 COVINGTON DR.
TALLAHASSEE FL 32312-2505

2. Principal Place of Business

3. Mailing Address

6863 Proctor Rd
Suite, Apt. #, etc.

6863 Proctor Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL
Zip
32308
Country
USA

City & State
Tallahassee, FL
Zip
32308
Country
USA

4. FEI Number
59-3439280

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

THOMPSON, LEX C
1304 COVINGTON DR.
TALLAHASSEE FL 32312

Name
Street Address (P.O. Box Number is Not Acceptable)
6863 Proctor Rd
City
Tallahassee FL Zip Code
32308

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 *Lex C Thompson*
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMPSON, LEX C
1304 COVINGTON DR.
TALLAHASSEE FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6863 Proctor Rd
Tallahassee FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMPSON, CAROL A
1304 COVINGTON DR.
TALLAHASSEE FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6863 Proctor Rd
Tallahassee, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FONVILLE, C. DAVID
3755 BOBBIN MILL RD.
TALLAHASSEE FL 32312 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
James L Thompson
6863 Proctor Rd
Tallahassee, FL 32308 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Lex C Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-2000 (850) 345-6006

CR2E037 (9/99)