

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

6863 Proctor Rd

3. Mailing Address

6863 Proctor Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Tallahassee, FL

City & State
 Tallahassee, FL

4. FEI Number
 59-3439280

Applied For
 Not Applicable

Zip
 32308

Country
 USA

Zip
 32308

Country
 USA

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
 Lex C Thompson

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-2000

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 Delete
 1304 COVINGTON DR.
 TALLAHASSEE FL 32312

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 Delete
 1304 COVINGTON DR.
 TALLAHASSEE FL 32312

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 Delete
 3755 BOBBIN MILL RD.
 TALLAHASSEE FL 32312

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 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) 395-6006

CR2E037 (9/99)