

# 2000 UNIFORM BUSINESS REPORT (UBR)

70.00

DOCUMENT # **N980000002650**

1. Entity Name

MIDDLETOWNE PROJECT, INC.

FILED

99 FEB -1 PM 2:08

Principal Place of Business

Mailing Address

1809 DEBARRY AVE.  
ORANGE PARK, FL 32073

300 NW 12 AVE.  
MIAMI, FL 33128

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

31-1599917

Applied For

Not Applied

Zip

Country

Zip

Country

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

WILLIAM J. DEAS, P.A.  
2215 RIVER BLVD.  
JACKSONVILLE, FL 32204

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  
Secretary of State

10. OFFICERS AND DIRECTORS

TITLE: DIRECTOR  
NAME: JAMES H. EDMONSON  
STREET ADDRESS: 1350 BEVERLY RD., STE. 200  
CITY-ST-ZIP: McLEAN, VA 22101 ☐ Delete

TITLE: PRESIDENT/D  
NAME: AGUSTIN DOMINGUEZ  
STREET ADDRESS: 300 NW 12 AVE.  
CITY-ST-ZIP: MIAMI FL 33128 ☐ Delete

TITLE: VICE PRESIDENT/D  
NAME: RUSSELL SIDLEY, JR.  
STREET ADDRESS: 2628 5TH AVE. NORTH  
CITY-ST-ZIP: ST. PETERSBURG, FL 33713 ☐ Delete

TITLE: VICE PRESIDENT/D  
NAME: SALVATORE MARTORANO  
STREET ADDRESS: 300 NW 12 AVE.  
CITY-ST-ZIP: MIAMI, FL 33128 ☐ Delete

TITLE: DIRECTOR  
NAME: MARY SORGE  
STREET ADDRESS: 50 N. LAURA ST., 9TH FLOOR  
CITY-ST-ZIP: JACKSONVILLE, FL 32202 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

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

2000003123972-4  
-02/04/00--01049--001  
\*\*\*\*748.75 \*\*\*\*70.00

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

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

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:

SALVATORE MARTORANO

1-27-2000

305-324005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #