

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002650

1. Entity Name

MIDDLETOWNE PROJECT, INC.

Principal Place of Business

1809 DEBARRY AVENUE
ORANGE PARK FL 32073

Mailing Address

300 N.W. 12TH AVENUE
MIAMI FL 33128

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 31-1599917

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEAS, WILLIAM J PA
2215 RIVER BOULEVARD
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name SALVATORE MARTORANO
Street Address (P.O. Box Number is Not Acceptable)
300 N.W. 12TH AVE
City MIAMI FL Zip Code 33128

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDMONSON, JAMES H 1350 BEVERLY ROAD, STE. 200 MCLEAN VA 22101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DOMINGUEZ, AUGSTIN 300 N.W. 12TH AVENUE MIAMI FL 33128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SIBLEY, RUSSELL A JR 2628 5TH AVE. NORTH ST. PETERSBURG FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MARTORANO, SALVATORE 300 N.W. 12TH AVENUE MIAMI FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SORGE, MARY 50 N. LAURA ST., 9TH FLOOR JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RALEY, CLAIRE F 300 N.W. 12TH AVENUE MIAMI FL 33128	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD SIBLEY, RUSSELL 300 N.W. 12th AVE MIAMI, FL 33128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90113 038 ****70.00



DO NOT WRITE IN THIS SPACE

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