

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90031 036 ***550.00

DOCUMENT # P00000002939

1. Entity Name

MID FLORIDA CELLULAR CORPORATION

Principal Place of Business

2241 S. WOODLAND BLVD.
 DELAND FL 32720

Mailing Address

2241 S. WOODLAND BLVD.
 DELAND FL 32720

2. Principal Place of Business

2241 S WOODLAND BLVD

3. Mailing Address

2241 S WOODLAND BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAND, FL

City & State

DELAND FL

4. FEI Number

59-3616015

Applied For

Not Applicable

Zip

32720

Country

USA

Zip

32720

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CONNELLY, JOHN W JR
 279 SUNRISE POINT
 LAKE MARY FL 32746

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
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 CITY - ST - ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Change ☒ Addition
 PRESIDENT
 JOHN W CONNELLY, JR
 279 SUNRISE POINT
 LAKE MARY, FL 32746

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN CONNELLY, PRES 8/30/01 914 738 9100

CR2E034 (5/01)