

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-10-2000 90060 033 ***150.00

DOCUMENT # P01455

1. Entity Name

MIDLAND CAPITAL CORPORATION

Principal Place of Business

Mailing Address

**33 NORTH GARDEN AVE
 STE 1200
 CLEARWATER FL 33755
 US**

**33 NORTH GARDEN AVE
 SUITE 1200
 CLEARWATER FL 33755-6610
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2395304

Applied For
 Not Applicable

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

**BANKS, ROBERT J.
 33 NORTH GARDEN AVE, SUITE 1200
 CLEARWATER FL 33755**

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** Delete
 NAME **GLOECKL, KEITH J.**
 STREET ADDRESS **33 NORTH GARDEN AVE, SUITE 1200**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DEVT** Delete
 NAME **MATHIS, RAY F.**
 STREET ADDRESS **33 NORTH GARDEN AVE, SUITE 1200**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **WACHTLER, PATRICIA**
 STREET ADDRESS **33 NORTH GARDEN AVE, SUITE 1200**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** Delete
 NAME **BANKS, ROBERT J.**
 STREET ADDRESS **33 NORTH GARDEN AVE, SUITE 1200**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VAS** Delete
 NAME **CHEERS, LINDA D.**
 STREET ADDRESS **33 NORTH GARDEN AVE, SUITE 1200**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **AS** Change Addition
 NAME **CHEERS, LINDA D.**
 STREET ADDRESS **33 N Garden Avenue, Suite 1200**
 CITY-ST-ZIP **Clearwater, FL. 33755**

TITLE **VAS** Delete
 NAME **BUDD, WILLIAM J**
 STREET ADDRESS **33 NORTH GARDEN AVNEUE, STE. 1200**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **VAS** Change Addition
 NAME **BUDD, WILLIAM K.**
 STREET ADDRESS **33 Garden Avenue, Suite 1200**
 CITY-ST-ZIP **Clearwater, FL. 33755**

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.

William K. Budd

Vice President & General Counsel

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/3/00**

(727) 461-4801

Daytime Phone *