

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014354

1. Entity Name
MID-FLORIDA PROPERTY MANAGEMENT, INC.

Principal Place of Business
5250 S US HWY 17-92
CASSELBERRY FL 32707

Mailing Address
5250 S US HWY 17-92
CASSELBERRY FL 32707

2. Principal Place of Business
5025 South US Hwy 17-92
Suite, Apt. #, etc.

3. Mailing Address
5025 South US Hwy 17-92
Suite, Apt. #, etc.

City & State
Casselberry FL
Zip 32707-3815 Country USA

City & State
Casselberry FL
Zip 32707-3815 Country USA

4. FEI Number 59-3166924
Applied For
Not Applicable

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

SPARE, WILLIAM C
5250 S US HWY 17-92
CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

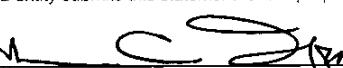
5025 South US Hwy 17-92

City Casselberry

FL Zip Code 32707-3815

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



(NOTE: Registered Agent signature required when reinstating)

DATE

01/12/2001

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, 2001 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 PT
NAME SPARE, WILLIAM C
STREET ADDRESS 5250 S US HWY 17-92
CITY-ST-ZIP CASSELBERRY FL 32707

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

5025 South US Hwy 17-92
Casselberry FL 32707-3815

TITLE VS
NAME SPARE, DIANE L.
STREET ADDRESS 5250 S US HWY 17-92
CITY-ST-ZIP CASSELBERRY FL 32707

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

5025 South US Hwy 17-92
Casselberry FL 32707-3815

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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

William C. Spare,
President / Treasurer

(407)

01/12/01 830-4074

Date Daytime Phone #

CR2E034 (10/00)

003042