

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014354

1. Entity Name

MID-FLORIDA PROPERTY MANAGEMENT, INC.

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90098 035 \*\*\*150.00

Principal Place of Business

Mailing Address

~~5250 S US HWY 17-92~~  
~~CASSELBERRY FL 32707~~

~~5250 S US HWY 17-92~~  
~~CASSELBERRY FL 32707~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

City & State

Casselberry FL

City & State

Casselberry FL

4. FEI Number 59-3166924

Applied For

Not Applicable

Zip Country  
32707-3815 USA

Zip Country  
32707-3815 USA

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

*William C. Spare* William C. Spare

01/12/2001

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, 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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 5025 South US Hwy 17-92  
CITY-ST-ZIP Casselberry FL 32707-3815

TITLE  
NAME  
STREET ADDRESS 5025 South US Hwy 17-92  
CITY-ST-ZIP Casselberry FL 32707-3815

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*William C. Spare*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C. Spare,  
President/Treasurer

Date

Daytime Phone #

01/12/01 830-4074

CR2E034 (10/00)

0000042