

2001 UNIFORM BUSINESS REPORT (UBR)

0643774

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 14 AM 10: 03

DOCUMENT # P93000026649

1. Entity Name
MID-FLORIDA FINANCIAL GROUP, INC.

Principal Place of Business 1501 GULF DRIVE NORTH BRADENTON BEACH FL 34217	Mailing Address 1501-GULF-DRIVE NORTH BRADENTON BEACH FL 34217
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0406087	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**VALENTE, JAMES R
1501 GULF DRIVE NORTH
BRADENTON BEACH FL 34217**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

corporation is eligible to satisfy its intangible filing requirement and elects to do so. (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

OFFICERS AND DIRECTORS	
P ROBINSON, RANDY 1501 GULF DRIVE NORTH BRADENTON BEACH FL 34217	<input type="checkbox"/> Delete
V VALENTE, JAMES R 1501 GULF DRIVE NORTH BRADENTON BEACH FL 34217	<input type="checkbox"/> Delete
ST MILLER, GLORIA A 1501 GULF DRIVE NORTH BRADENTON FL 34217	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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

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******887.50 ****150.00**

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 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 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 attachment with an address, with all other like empowered.

James Valente
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James Valente, V.P. 4-11-01
Date Daytime Phone #

CR2E034 (10/00)