

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021757

1. Entity Name

MID-FLORIDA APPRAISAL, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90118 044 ***150.00

Principal Place of Business

109 E. CRYSTAL LAKE AVE
SUITE 207
LAKE MARY FL 32746
US

Mailing Address:

109 E. CRYSTAL LAKE AVE
SUITE 207
LAKE MARY FL 32789-7313
US

2. Principal Place of Business

1736 INDIANA

3. Mailing Address

501 N. ORLANDO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 313-126

City & State

WINTER PARK, FL.

City & State

WINTER PARK, FL

Zip

32789

Country

ORANGE

Zip

32789

Country

ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3231821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATTLE, DAVID O JR
109 E. CRYSTAL LAKE AVENUE
SUITE 207
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name BATTLE, DAVID O., JR

Street Address (P.O. Box Number is Not Acceptable)
1736 INDIANA

City WINTER PARK FL Zip Code 32789

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

TITLE PD
NAME BATTLE, DAVID O JR
STREET ADDRESS 109 E. CRYSTAL LAKE AVENUE, SUITE 207
CITY-ST-ZIP LAKE MARY FL 32746

☐ Delete

TITLE D
NAME SMITH, KEITH D
STREET ADDRESS 125 E. GRANADA BLVD
CITY-ST-ZIP ORMOND BEACH FL 32176

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1736 INDIANA
CITY-ST-ZIP WINTER PARK, FL 32789

☒ 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]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-10-00

X 407-629968

Date

Daytime Phone #