

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000041496**

1. Entity Name

MIDLAND LAKES DEVELOPMENT CORPORATION**FILED**
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90085 019 ***150.00

Principal Place of Business

**800 SE 3RD AVE
STE 400
FORT LAUDERDALE FL 33316**

Mailing Address

**800 SE 3RD AVE
STE 400
FORT LAUDERDALE FL 33316-1152**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0684858

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

**HALE, CHRISTOPHER D ESQ
800 SE 3RD SUITE 400
FORT LAUDERDALE FL 33316**Name **Brian C. Deuschle, Esquire**

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

800 SE 3rd Avenue, Suite 400City **Fort Lauderdale****FL**Zip Code **33316**

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 **D** ☐ Delete
NAME **DEUSCHLE, BRIAN C**
STREET ADDRESS **800 SE 3R AVE. 400**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DEUSCHLE, BRIAN C.**
STREET ADDRESS **800 SE 3R AVE. 400**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **BENNETT, TOM W.**
STREET ADDRESS **7380 SANDLAKE ROAD STE 600**
CITY-ST-ZIP **ORLANDO FL 32819**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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:

Brian C. Deuschle

4/24/00

954-763-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)