

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90190 042 ***158.75

DOCUMENT # P96000056796

1. Entity Name
THE MIDDLEBROOK GROUP, INC.



Principal Place of Business
**355 PALERMO AVE.
CORAL GABLES FL 33134**

Mailing Address
**355 PALERMO AVE.
CORAL GABLES FL 33134**

11010000



2. Principal Place of Business

3399 Ponce de Leon Blvd

3. Mailing Address

3399 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33134

Country

Zip

33134

Country

4. FEI Number

65-0686952

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROY, WILLIAM R
355 PALERMO AVE.
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

3399 Ponce de Leon Blvd.

Suite 200

Coral Gables

FL

Zip Code 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **ROY, WILLIAM R**
STREET ADDRESS **355 PALERMO AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **DS** ☐ Delete
NAME **KELLEY, SUSAN P**
STREET ADDRESS **355 PALERMO AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☐ Addition
NAME **ROY, WILLIAM R**
STREET ADDRESS **3399 Ponce de Leon Blvd.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **DS** ☒ Change ☐ Addition
NAME **Kelley, SUSAN**
STREET ADDRESS **3399 Ponce de Leon Blvd.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

William R Roy 4/22/03 (301) 444 0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)