

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90138 008 ***150.00

DOCUMENT # P97000075245

#8626-1

1. Entity Name

MD FAMILY INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

653093

2. Principal Place of Business

240 S. Pineapple Avenue

Suite, Apt. #, etc.

10th Floor

City & State

Sarasota, Florida

Zip

Country

34236

USA

3. Mailing Address

P.O. Box 49948

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

Country

34230

USA

4. FEI Number

65-0733798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Band, David S

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

240 S. Pineapple Ave. - 10th FL

Sarasota, Florida 34236

City

Sarasota

FL

Zip Code

34236

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Band, David S.
240 S. Pineapple Avenue, 10th FL
Sarasota, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Band, Myrna L.
240 S. Pineapple Avenue, 10th FL
Sarasota, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Band, Director

4/12/02 (941) 366-6660

Date

Daytime Phone #