

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055495

1. Entity Name

MID FLORIDA IRRIGATION, INC.

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

03-20-2000 90125 043 \*\*\*150.00

Principal Place of Business

118 WEST ORANGE STREET  
ALTAMONTE SPRINGS FL 32714

Mailing Address

118 WEST ORANGE STREET  
ALTAMONTE SPRINGS FL 32714-2537

2. Principal Place of Business

Po Box 421256

Suite, Apt. #, etc.

3. Mailing Address

Po Box 421256

Suite, Apt. #, etc.

City & State

Kissimmee

City & State

Kissimmee

4. FEI Number

59-3580497

Applied For

Not Applicable

Zip

34742

Country

USA

Zip

34742

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Robert M Koger

Street Address P.O. Box Number is Not Applicable

3474 Dusk Avenue

City

Kissimmee

FL

Zip Code

34744

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

*Robert M Koger*

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 PTD  
NAME KOGER, ROBERT M  
STREET ADDRESS 118 WEST ORANGE STREET  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

☐ Delete

TITLE SVD  
NAME TAYLOR, WILLIAM K  
STREET ADDRESS 118 WEST ORANGE STREET  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS PO Box 421256  
CITY-ST-ZIP Kissimmee FL 34742

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS PO Box 421256  
CITY-ST-ZIP Kissimmee FL 34742

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Robert M Koger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #