

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000059169**1. Entity Name  
MIDWESTERN STARR GROUP, INC.

## Principal Place of Business

2311-10TH AVENUE NORTH  
SPECTRUM CENTRE  
LAKE WORTH  
33461

FL

## Mailing Address

2311-10TH AVENUE NORTH  
SPECTRUM CENTRE  
LAKE WORTH  
33461

FL

## 2. Principal Place of Business

2311-10TH AVENUE NORTH

## 3. Mailing Address

2311-10TH AVENUE NORTH

## Suite, Apt. #, etc.

SPECTRUM CENTRE - UNIT 7

## Suite, Apt. #, etc.

SPECTRUM CENTRE - UNIT 7

## City &amp; State

LAKE WORTH

FL

## City &amp; State

LAKE WORTH

FL

## Zip

33461

## Country

## Zip

33461

## Country

## 4. FEI Number

65-0930673

## Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

STARR JOHN A  
131 SHERWOOD DRIVE

ROYAL PALM BEACH

33411

FL

US

## 7. Name and Address of New Registered Agent

## Name

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

## City

FL

## Zip Code

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 \_\_\_\_\_ 01/23/2001

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, 2001 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	VT	<input type="checkbox"/> Delete
NAME	STARR LAURA D	
STREET ADDRESS	131 SHERWOOD DRIVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	PS	<input type="checkbox"/> Delete
NAME	STARR JOHN A	
STREET ADDRESS	131 SHERWOOD DRIVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: LAURA D STARR**

VT

01/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)