

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000098365**

1. Entity Name

MFT INVESTMENT COMPANY

Principal Place of Business

**375 COMMERCE WAY. STE. 109
LONGWOOD FL 32750**

Mailing Address

**375 COMMERCE WAY. STE. 109
LONGWOOD FL 32750-7633**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**HARRISON, CHARLES R
1400 W. FAIRBANKS AVE., STE. 204
WINTER PARK FL 32789**

4. FEI Number

59-3609905Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

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

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 | D <input type="checkbox"/> Delete |
| NAME | HATTON, ERNEST A |
| STREET ADDRESS | 2717 TETON STONE RUN |
| CITY-ST-ZIP | ORLANDO FL 32828 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | BRADY, TERRY M |
| STREET ADDRESS | 814 SILK OAK TERR. |
| CITY-ST-ZIP | LAKE MARY FL 32746 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | STICKELS, BRUCE T |
| STREET ADDRESS | 2416 NEWMARK DR. |
| CITY-ST-ZIP | DELTONA FL 32738 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | KROL, ALAN J |
| STREET ADDRESS | 824 W. CHARING CROSS CIR. |
| CITY-ST-ZIP | LAKE MARY FL 32746 |
| 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 |
| 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 |
| 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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90095 042 ***150.00

00000003

DO NOT WRITE IN THIS SPACE

1-18-00**407-834-6766**