

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90113 003 \*\*\*150.00

**DOCUMENT # P99000108117**

**1. Entity Name**  
**MIDWAY MANAGEMENT, INC.**

**Principal Place of Business**  
**PO BOX 55**  
**ORLANDO FL 32802**

**Mailing Address**  
**PO BOX 55**  
**ORLANDO FL 32802**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3611852**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**COFFEY, CRAIG T**  
**7120 LAKE ELLENOR DR**  
**ORLANDO FL 32509**

Name **Donald G. Nagel**  
 Street Address (P.O. Box Number is Not Acceptable) **7120 LAKE ELLENOR DR.**  
 City **Orlando** FL Zip Code **32802**

**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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

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

TITLE **P** ☐ Delete  
 NAME **STRATES, E J**  
 STREET ADDRESS **7100 LAKE ELLENOR DR**  
 CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE **S** ☐ Delete  
 NAME **DOREMUS, SIBYL S**  
 STREET ADDRESS **7120 LAKE ELLENOR DR**  
 CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE **AS** ☐ Delete  
 NAME **MAGID, SUSAN S**  
 STREET ADDRESS **7120 LAKE ELLENOR DR**  
 CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE **AS** ☐ Delete  
 NAME **STRATES, JAMES E**  
 STREET ADDRESS **7120 LAKE ELLENOR DR**  
 CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE **AS** ☐ Delete  
 NAME **STRATES, PHYLLIS R**  
 STREET ADDRESS **7120 LAKE ELLENOR DR**  
 CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE **AS** ☐ Delete  
 NAME **STRATES, JOHN E**  
 STREET ADDRESS **7120 LAKE ELLENOR DR**  
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Change ☐ 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-21-01**

**407-855-3939**

Date

Daytime Phone #

CR2E034 (5/01)

Dr. H. 899000108117  
80062848

August 24, 2001

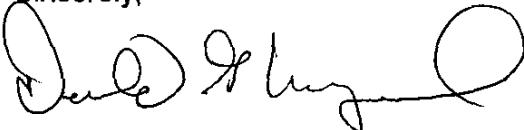
Florida Department of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir/Madam:

Please find enclosed, a check in the amount of \$150.00 for the 2001 Uniform Business Report Filing Fee for Midway Management, Inc. FEI # 59-3611852. The original forms were never received by our office.

At this time we would like to request that you accept the original filing fee. Please take into consideration, that we are filing a number of these forms and cannot afford the additional fees. Should you have any questions please feel free to contact me at 407-855-3939.

Sincerely,



Donald G. Nagel  
Controller