

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 715459**

1. Entity Name

MID FLORIDA COMMUNITY SERVICES, INC.**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90128 046 ****61.25

Principal Place of Business

**820 KENNEDY BOULEVARD
P.O. BOX 896
BROOKSVILLE FL 34605-7896**

Mailing Address

**820 KENNEDY BLVD
P.O. BOX 896
BROOKSVILLE FL 34605-7896
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1235202

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GEORGINI, MICHAEL J.
HIGHWAY 301 SOUTH
OXFORD FL 32684**

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

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **PD** ☐ Delete
NAME **MOULTON, KAREN**
STREET ADDRESS **7348 BROAD ST**
CITY-ST-ZIP **BROOKSVILLE FL 34601**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ED** ☐ Delete
NAME **GEORGINI, MICHAEL J.**
STREET ADDRESS **HWY 301 SO., P.O. BOX 26**
CITY-ST-ZIP **OXFORD FL 34434**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **LAING, DAVID A**
STREET ADDRESS **1170 MARINER BLVD**
CITY-ST-ZIP **SPRING HILL FL 34609**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **CHILDERS, DOUG**
STREET ADDRESS **1023 W. DIXIE AVENUE**
CITY-ST-ZIP **LEESBURG FL 34749**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. GEORGINI

Date

Daytime Phone #

2/27/02**352-796-1425**

CR2E037 (9/01)