

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715459

1. Entity Name

MID FLORIDA COMMUNITY SERVICES, INC.

Principal Place of Business

8055 KENNEDY BLVD.  
P.O. BOX 896  
BROOKSVILLE FL 34605-7896

Mailing Address

820 KENNEDY BLVD  
P.O. BOX 896  
BROOKSVILLE FL 34605-0896  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1235202

Applied For

Not Applicable

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 \$61.25

9. 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 NEVILLE, EUNICE M  
STREET ADDRESS S COUNTY RD 453 POB 715  
CITY-ST-ZIP LAKE PANASOFFKEE FL 83538

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

TITLE VD ☐ Delete  
NAME MOULTON, KAREN  
STREET ADDRESS 7348 BROAD ST  
CITY-ST-ZIP BROOKSVILLE FL 34601

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

TITLE 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-ZIP

TITLE 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-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

*Michael J. Georgini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

352-796-1425

Daytime Phone #

FILED

Feb 28, 2000 8:00 am  
Secretary of State

02-28-2000 90186 028 \*\*\*\*61.25

00025873



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)