

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90197 047 \*\*\*\*70.00

**DOCUMENT # 725510**

1. Entity Name  
**SPRING MEADOW ASSOCIATION, INC.**

Principal Place of Business 1000 SPRING MEADOW DR KISSIMMEE FL 34741-3236	Mailing Address 1000 SPRING MEADOW DR KISSIMMEE FL 34741-3236
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2. Principal Place of Business 1000 Spring Meadow Dr Suite, Apt. #, etc.	3. Mailing Address 1000 Spring Meadow Dr Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Kissimmee FL	City & State Kissimmee FL	4. FEI Number 59-1952153	Applied For Not Applicable
Zip 34741-3236	Country U.S.	Zip 34741	Country US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

**MIESEMER, THOMAS M**  
 1024 SPRING MEADOW DRIVE  
 KISSIMMEE FL 34741

Name **Bulone, Thomas**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1028 Spring Meadow Drive**  
 City **Kissimmee** FL Zip Code **34741**

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 *Thomas Bulone* **Thomas Bulone, Pres.** **1/26/02**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>SDS</b> <b>MIESMMER, THOMAS M</b> <b>1024 SPRING MEADOW DR</b> <b>KISSIMMEE FL 34741</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DBM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BURBORTH, LINDA</b> <b>1012 SPRING MEADOW DR</b> <b>KISSIMMEE FL 34741</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDS</b> <b>Burnworth, Linda</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAS</b> <b>WEBB, TRACEY</b> <b>1011 SPRING MEADOW DR</b> <b>KISSIMMEE FL 34741</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAS</b> <b>Miller, Shirley</b> <b>1015 Spring Meadow Drive</b> <b>Kissimmee FL 34741</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DBM</b> <b>LUSARDI, JOSEPH</b> <b>1107 SPRING MEADOW DR</b> <b>KISSIMMEE FL 34741</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Roberta Warden</b> <b>37 Lind Ave</b> <b>Kissimmee FL 34744</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BULONE, THOMAS</b> <b>1028 SPRING MEADOW DR</b> <b>OCALA FL 34471</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>AUSTIN, WILLIS</b> <b>1471 RIVIERA DR</b> <b>KISSIMMEE FL 34741</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Adler, Rhoda</b> <b>1010 Spring Meadow Dr.</b> <b>Kissimmee FL 34741</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Thomas Bulone* **Thomas Bulone, Pres.** **1/26/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

(407) 847-4163