

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90002 030 \*\*\*\*61.25

**DOCUMENT # 735971**

1. Entity Name

**MERIDIAN CLUB OF WINTER PARK, INC.**

Principal Place of Business

Mailing Address

% WINDERWEEDLE HAINES WARD ET AL  
 250 PARK AVENUE SOUTH, 5TH FLOOR  
 WINTER PARK FL 32789

% WINDERWEEDLE HAINES WARD ET AL  
 250 PARK AVENUE SOUTH, 5TH FLOOR  
 WINTER PARK FL 32789

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

**59-1691696**

Applied For

Not Applicable

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

**MCCAGHREN, C. BRENT**  
 250 PARK AVENUE SOUTH, 5TH FLOOR  
 WINTER PARK FL 32789

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCMANUS, DON</b> <b>12542 LAKE UNDERHILL RD</b> <b>ORLANDO FL 32828</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ASBELL, DOUG</b> <b>2162 MAJESTIC WOODS BLVD</b> <b>APOPKA FL 32712</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SPIVEY, BILL</b> <b>102 SPRING VALLEY LOOP</b> <b>ALTAMONTE SPRINGS FL 32714</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCAGHREN, BRENT</b> <b>433 E NEW ENGLAND AVE</b> <b>WINTER PARK FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOUDERMILK, AL</b> <b>455 MELROSE AVE</b> <b>WINTER PARK FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONKIN, IAN</b> <b>819 TOWERING OAK WAY</b> <b>APOPKA FL 32712</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>McManus, Don</b> <b>12542 Lake Underhill Rd.</b> <b>Orlando, FL 32828</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Robert A. Harris</b> <b>1218 Alabama Drive</b> <b>Winter Park, FL 32789</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Michael Shurtleff</b> <b>206 Quayside Circle</b> <b>Maitland, FL 32751</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jack MacDowell</b> <b>6010 Twin Lakes Drive</b> <b>Oviedo, FL 32765</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Nick Deangelis</b> <b>1829 Claridge Court</b> <b>Maitland, FL 32751</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Loren Roby</b> <b>2218 Merritt Park Drive</b> <b>Orlando, Florida 32803</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)(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 REQUIRED**

1/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)