

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90089 015 ****61.25

DOCUMENT # N36755

1. Entity Name

THE MEADOWS OF SUGAR MILL, INC.

Principal Place of Business

RED MAPLE WAY, LOCH LINNHE
 LOCH LAGGAN, LOCH LOMOND
 NEW SMYRNA BEACH FL 32168
 US

Mailing Address

ATLANTIC COMM ASSOC MGMT & ACCT INC.
 507 HERBERT ST., STE. C
 PORT ORANGE FL 32119-3845
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3028649

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

REIMER, R L
 %ATLANTIC COMM ASSOC MGMT & ACC INC
 507 HERBERT ST., STE. C
 PORT ORANGE FL 32119

7. Name and Address of New Registered Agent

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

TITLE **D** Delete
 NAME **BRYDON, THOMAS**
 STREET ADDRESS **674 INVERNESS CT**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **D** Delete
 NAME **GROLL, MARVIN**
 STREET ADDRESS **837 SAWGRASS LANE**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **PD** Delete
 NAME **HENDRICKSON, FRANK**
 STREET ADDRESS **1124 LOCH LOMOND CT**
 CITY-ST-ZIP **NEW SMYRNA BCH FL 32168**

TITLE **VD** Delete
 NAME **MASTRULLO, TONY**
 STREET ADDRESS **1067 RED MAPLE WAY**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **STD** Delete
 NAME **ATKINSON, JEANNE**
 STREET ADDRESS **1069 RED MAPLE WAY**
 CITY-ST-ZIP **NEW SMYRNA BCH FL 32168**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Change Addition
 NAME **Peterson, William**
 STREET ADDRESS **1111 Loch Lomond Court**
 CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE **STD** Change Addition
 NAME **Walsh, Andrew**
 STREET ADDRESS **1074 Red Maple Way**
 CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Mastrullo, Tony**
 STREET ADDRESS **1067 Red Maple Way**
 CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE **D** Change Addition
 NAME **Atkinson, Jeanne**
 STREET ADDRESS **1069 Red Maple Way**
 CITY-ST-ZIP **New Smyrna Beach, FL 32168**

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)(f), 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:

William Peterson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2000
 Date

904-760-7365
 Daytime Phone #

CR2E037 (9/99)