

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003472

1. Entity Name

MEADOW LANDS HOMEOWNERS ORGANIZATION, INC.

Principal Place of Business

P.O. BOX 1453
ANTHONY FL 32617-1453
US

Mailing Address

P.O. BOX 1453
ANTHONY FL 32617-1453
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

59-3340990

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

CROTHERS, HOWARD E.
1283 NE 120TH STREET
OCALA FL 34479

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 DT
NAME CROTHERS, HOWARD
STREET ADDRESS 1283 NE 120TH STREET
CITY-ST-ZIP Ocala FL 34479 ☐ Delete

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

TITLE D
NAME BARRERAS, GILL
STREET ADDRESS 99 NW 117TH STREET
CITY-ST-ZIP Ocala FL 34475 ☐ Delete

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

TITLE D
NAME HAMANN, KEN
STREET ADDRESS 865 NE 122ND ST
CITY-ST-ZIP Ocala FL 34479 ☐ Delete

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

TITLE DS
NAME CROTHERS, ANNA
STREET ADDRESS 1283 NE 120TH ST
CITY-ST-ZIP Ocala FL 34479 ☐ Delete

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

TITLE DVP
NAME HENNING, WM. CLARK
STREET ADDRESS 12049 NE 8TH CT.
CITY-ST-ZIP Ocala FL 34479-1046 ☐ Delete

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

TITLE DP
NAME FORD, LAUREEN
STREET ADDRESS 12009 NE 8TH COURT
CITY-ST-ZIP Ocala FL ☐ Delete

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

Howard E. Crothers B. CROTHERS

9/9/02 352-840-0112

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90121 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)