

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90054 012 ***150.00

0545567

DOCUMENT # P98000071194

1. Entity Name
TW OAKS MERIDIAN, INC.

Principal Place of Business 7120 S BENEVA ROAD SARASOTA FL 34238-2850	Mailing Address 7120 S BENEVA ROAD SARASOTA FL 34238-2850
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	Zip	Country
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4. FEI Number **65-0858920**
 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

PESHKIN, JOHN R
7120 S BENEVA RD
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD PESHKIN, JOHN R	<input type="checkbox"/> Delete
STREET ADDRESS	7120 S BENEVA ROAD	
CITY - ST - ZIP	SARASOTA FL 34238-2850	
TITLE NAME	TD DISTEFANO, PAUL L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7120 S BENEVA ROAD	
CITY - ST - ZIP	SARASOTA FL 34238-2850	
TITLE NAME	VS IVIN, DAVID T	<input type="checkbox"/> Delete
STREET ADDRESS	7120 S BENEVA ROAD	
CITY - ST - ZIP	SARASOTA FL 34238-2850	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME	T/D Bratt, C. Alexander	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7120 S. Beneva Rd	
CITY - ST - ZIP	SARASOTA FL 34238	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David T Irvin 3/8/01 941-927-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)