


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90339 040 ***150.00

DOCUMENT # 197528

1. Entity Name
PINE MEADOWS GOLF ESTATES INC



Principal Place of Business
**17110 PINE MEADOWS GOLF COURSE RD.
EUSTIS FL 32726**

Mailing Address
**17110 PINE MEADOWS GOLF COURSE RD.
EUSTIS FL 32726**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BOWEN, L.E. IV
600 JENNINGS AVE
EUSTIS FL 32726

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	HARPER, RICHARD M
STREET ADDRESS	437 LAURA LANE
CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE	D <input type="checkbox"/> Delete
NAME	PACE, B. E.
STREET ADDRESS	29 DIEDRICH ST.
CITY-ST-ZIP	EUSTIS FL 32726
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	BELL, HARMON B
STREET ADDRESS	1140 SYLVAN DR.
CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	FRASER, SUSAN
STREET ADDRESS	11010 RIVERSIDE ROAD
CITY-ST-ZIP	LEESBURG FL 34788
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WHITE, ROLAND R
STREET ADDRESS	19 FAIRWAY DRIVE
CITY-ST-ZIP	EUSTIS FL 32726
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MEEKS, WILLIAM H
STREET ADDRESS	2930 RUSTWOOD LANE
CITY-ST-ZIP	EUSTIS FL 32726

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas L. Youngs
STREET ADDRESS	1450 Raintree Lane, Mt. Dora, Fl.
CITY-ST-ZIP	32757
TITLE	Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Bakich
STREET ADDRESS	10234 US HWY 441
CITY-ST-ZIP	leesburg, Fl. 34788
TITLE	V. Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christhopher L. Bacola
STREET ADDRESS	33550 Wesley Rd. Eustis, Fl.
CITY-ST-ZIP	32726
TITLE	Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russell L. Fullerton
STREET ADDRESS	1535 St. Lawrence Dr.
CITY-ST-ZIP	Grand Island, Fl. 32735
TITLE	Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blaine Vermuelen
STREET ADDRESS	2050 N. Donnolly St.
CITY-ST-ZIP	Mt. Dora, Fl. 32757
TITLE	Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John LaPierre
STREET ADDRESS	4225 Old HWY 441
CITY-ST-ZIP	Mt. Dora, Fl. 32757

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 607, 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 L. Youngs DATE: April 19, 2003 DAYTIME PHONE #: 352-357-7032

CR2E034 (10/02)