2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 722380 Jul 17, 2000 8:00 am 1. Entity Name **Secretary of State** MEADOWLEA IMPROVEMENT ASSOCIATION, INC. 07-17-2000 90082 007 ****61.25 Mailing Address Principal Place of Business #2 LEISURE DR..S. #2 LEISURE DR..S. DEBARY FL 32713 DEBARY FL 32713-9741 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-1424875 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is 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. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE TITI F Delete NAME NAME SHORTEN, ROBERT STREET ADDRESS STREET ADDRESS 146 OAK TREE DR CITY-ST-ZIP CITY-ST-ZIP DEBARY FL TITLE **VPD** Delete NAME NAME DE SANTIS, GERTRUDE STREET ADDRESS STREET ADDRESS 161 MAPLE DR CITY-ST-7IP CITY-ST-ZIP 327/3 DEBARY FL 32713 . Delete TITLE TITLE SCHRAFF, PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 134 OAK TREE DR CITY-ST-ZIP CITY-ST-ZIP DEBARY FL 32713 Change Delete Addition TITLE TITLE TD NAME NAME PEARSON, CAROLA J STREET ADDRESS STREET ADDRESS 129 OAK TREE DR CITY-ST-ZIP CITY-ST-ZIP DEBARY FL 32713 ☐ Delete TITLE ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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