

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90857 044 ****61.25

DOCUMENT # 722380

1. Entity Name

MEADOWLEA IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

**#2 LEISURE DR.S.
 DEBARY FL 32713-9741**

Mailing Address

**#2 LEISURE DR.S.
 DEBARY FL 32713-9741**

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

59-1424875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PEARSON, CAROLE J
 129 OAK TREE DRIVE
 DEBARY FL 32713**

7. Name and Address of New Registered Agent

Name **KELLY, JAMES J.**

Street Address (P.O. Box Number is Not Acceptable)

166 MAPLE DR.

City **DeBARY**

FL

Zip Code **32713**

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

James J. Kelly

PRESIDENT

April 12, 2002

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 **PD** ☒ Delete
 NAME **PEARSON, CAROLE J**
 STREET ADDRESS **129 OAK TREE DRIVE**
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE **VPD** ☒ Delete
 NAME **CRONEY, WILLIAM**
 STREET ADDRESS **109 PINE TREE DRIVE**
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE **SD** ☒ Delete
 NAME **KELLY, JAMES**
 STREET ADDRESS **166 MAPLE DRIVE**
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE **TD** ☒ Delete
 NAME **SCHRAFF, PATRICIA**
 STREET ADDRESS **134 OAK TREE DRIVE**
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **KELLY, JAMES J.**
 STREET ADDRESS **166 MAPLE DR.**
 CITY-ST-ZIP **DeBARY, FL 32713**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **GIAMPIETRO, FRANK**
 STREET ADDRESS **126 PINE TREE DR.**
 CITY-ST-ZIP **DeBARY, FL 32713**

TITLE **SD** ☒ Change ☐ Addition
 NAME **BETTS, ROBERT**
 STREET ADDRESS **173 MAPLE DR.**
 CITY-ST-ZIP **DeBARY, FL 32713**

TITLE **TD** ☒ Change ☐ Addition
 NAME **EPRIGHT, MARY**
 STREET ADDRESS **121 PINE TREE DR.**
 CITY-ST-ZIP **DeBARY, FL 32713**

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

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)(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.

(386)

SIGNATURE: *James J. Kelly* **James J. Kelly, President 04/12/02 668-2192**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)