

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728243

1. Entity Name

MORNINGSIDE-MEADOWS HOMEOWNERS' ASSOCIATION, INC

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90091 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2436 CHINABERRY RD  
CLEARWATER FL 34624

P O BOX 5182  
CLEARWATER FL 33758-5182  
US

2. Principal Place of Business

3. Mailing Address

1451 STEWART BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLEARWATER, FL

Zip  
33764

Country  
US

Zip

Country

4. FEI Number

59-2878567

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

JOHN F MCGUIRE  
1447 STEWART BLVD  
CLEARWATER FL 33764

Name

BILL MURRAY

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

1451 STEWART BLVD

City

CLEARWATER

FL

Zip Code

33764

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                       |                                            |
|------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>JOHN F MCGUIRE<br>1447 STEWART BLVD<br>CLEARWATER FL 33764      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>WILLIAM C ZIMMERMAN<br>1045 FLUSHING AVE<br>CLEARWATER FL 33764 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>LORI, JULIE<br>1362 WILLIAMS DR.<br>CLEARWATER FL               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Delete            |

|                                                |                                                                |                                                                              |
|------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BILL MURRAY<br>1451 STEWART BLVD<br>CLEARWATER, FL 33764 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Change <input type="checkbox"/> 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:

WILLIAM C ZIMMERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2000 (727) 531-1093

Date

Daytime Phone #

CR2E037 (9/99)