

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754282

1. Entity Name

MEADOWVIEW ESTATES LOT OWNERS' ASSOCIATION, INC. ✓

Principal Place of Business

4312 DAVID CRUM LN
LAKELAND FL 33813-1907
US

Mailing Address

4312 DAVID CRUM LN
LAKELAND FL 33813-1907
US

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

59-2477669

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

BYWATER, JOSEPH G.

2000 EDGEWOOD DRIVE E.
LAKELAND FL 33803

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.

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
After September 13, 2000 min. will be \$236.25

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 PD
NAME SHEROUSE, CRAIG
STREET ADDRESS 1723 DAVID CRUM COURT
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

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

TITLE TD
NAME HUGHES, MICHELE
STREET ADDRESS 4312 DAVID CRUM LN
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

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

TITLE VPD
NAME DONNOLLY, GEORGE
STREET ADDRESS 4341 DAVID CRUM LANE
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

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

TITLE SD
NAME ANDERSON, JOE
STREET ADDRESS 1729 DAVID CRUM CT.
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90012 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)