

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 21, 2001 8:00 am  
Secretary of State

03-21-2001 90002 011 \*\*\*150.00

DOCUMENT # F31345

1. Entity Name  
SCENIC MEADOWS, INC.

Principal Place of Business

2917 LIVINGSTON RD.  
1929 SHADY OAK DR  
TALLAHASSEE FL 32303  
US

Mailing Address

P.O. BOX 3456  
1929 SHADY OAK DR  
TALLAHASSEE FL 32315  
US

2. Principal Place of Business

276 DUNCAN DR.  
Suite, Apt. #, etc.  
CRAWFORDVILLE, FLA.  
City & State

3. Mailing Address

276 DUNCAN DR.  
Suite, Apt. #, etc.  
CRAWFORDVILLE, FLA.  
City & State



DO NOT WRITE IN THIS SPACE

Zip

32327

Country

FLA.

Zip

32327

Country

FLA.

4. FEI Number

59-2081945

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HASSELL, LEONARD C  
31 MARDIA GRAS WAY  
ALLIGATOR POINT FL 32346

7. Name and Address of New Registered Agent

Name  
LEONARD C. HASSELL  
Street Address (P.O. Box Number is Not Acceptable)  
276 DUNCAN DR.  
City  
CRAWFORDVILLE FL Zip Code  
32327

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 *Leonard C. Hassell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HASSELL, LEONARD C	
STREET ADDRESS	31 MARDIA GRAS WAY	
CITY-ST-ZIP	ALLIGATOR POINT FL 32346	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HASSELL, MARTHA	
STREET ADDRESS	31 MARDIA GRAS WAY	
CITY-ST-ZIP	ALLIGATOR POINT FL 32346	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD C. HASSELL	
STREET ADDRESS	276 DUNCAN DR.	
CITY-ST-ZIP	CRAWFORDVILLE, FLA. 32327	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA HASSELL	
STREET ADDRESS	276 DUNCAN DR.	
CITY-ST-ZIP	CRAWFORDVILLE, FLA. 32327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

LEONARD C. HASSELL

SIGNATURE: *Leonard C. Hassell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-01 850-426-1287

Date

Daytime Phone #

CR2E034 (10/00)