

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005934

1. Entity Name

MEADOWS ADVISORY, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90129 029 ***150.00

Principal Place of Business

431 SEABREEZE AVE.
PALM BEACH FL 33480

Mailing Address

431 SEABREEZE AVE.
PALM BEACH FL 33480-4107

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

65-0512212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LABRY, COLETTE O
250 ROYAL PALM WAY
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

BRADFORD S. LOVETTE

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

431 SEABREEZE AVE

City

Palm Beach

FL

Zip Code

33480

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]

BRADFORD S. LOVETTE

2/7/2000

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	LOVETTE, BRADFORD S	
STREET ADDRESS	431 SEABREEZE AVE.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	LOVETTE, BRADFORD S	
STREET ADDRESS	431 SEABREEZE AVE.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	IRWIN, STEPHEN	
STREET ADDRESS	15 EISENHOWER DRIVE	
CITY-ST-ZIP	CRESKILL NJ	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOOLAN, THOMAS B.	
STREET ADDRESS	1850 JOCKEY CROOK DR	
CITY-ST-ZIP	SOUTHOLD NY 11971	
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	<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	
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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2000

Date

561/

833-2201

Daytime Phone #

CR2E034 (9/99)