

AMENDED

**201 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # H31575**

1. Entity Name

**MEADOWS PROPERTIES, INC.**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT -5 PM 1:54

Principal Place of Business

Mailing Address

**310 Hwy. 542  
Dundee, FL 33838****P. O. Box 668  
Dundee, FL 33838**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2467535**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEADOWS, WAYMON E.  
404 Ridgewood Ave.  
Dundee, FL 33838**

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

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VALENTINE, JAMIE	
STREET ADDRESS	11 Pine Forest Circle	
CITY-ST-ZIP	Haines City, FL 33844	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTINE, MATTHEW	
STREET ADDRESS	11 Pine Forest Circle	
CITY-ST-ZIP	Haines City, FL 33844	

TITLE	D	<input type="checkbox"/> Delete
NAME	MEADOWS, WAYMON E.	
STREET ADDRESS	404 Ridgewood Avenue	
CITY-ST-ZIP	Dundee, FL 33838	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEADOWS, JULIA A.	
STREET ADDRESS	404 Ridgewood Avenue	
CITY-ST-ZIP	Dundee, FL 33838	

TITLE	STD	<input type="checkbox"/> Delete
NAME	MEADOWS, JULIA A.	
STREET ADDRESS	404 Ridgewood Ave.	
CITY-ST-ZIP	Dundee, FL 33838	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300004638363--1	
STREET ADDRESS	-10/16/01--01036--017	
CITY-ST-ZIP	*****61.25 *****61.25	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	VALENTINE, MATTHEW	
STREET ADDRESS	11 Pine Forest Circle	
CITY-ST-ZIP	Haines City, FL 33844	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MEADOWS, STEVEN	
STREET ADDRESS	6053 W. Lake Ruth Drive	
CITY-ST-ZIP	Dundee, FL 33838	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MEADOWS, KEVIN	
STREET ADDRESS	1402 Bluff Loop	
CITY-ST-ZIP	Dundee, FL 33838	

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:



10/3/01

(863) 439-5542

CR2E034 (5/01)