

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H68090

1. Entity Name

MEADOWCREST DEVELOPMENT, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90163 008 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 10000  
CRYSTAL RIVER FL 34423  
US

P.O. BOX 10000  
CRYSTAL RIVER FL 34423-0100  
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

59-2574026

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

CARMAN, JAMES W.  
6142 W. CORPORATE OAKS DRIVE  
P.O. BOX 10,000  
CRYSTAL RIVER FL 34429

Name

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

2600 W BLACK DIAMOND CIRCLE

City

LECANTO

FL

Zip Code  
34461

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME OLSEN, STANLEY C.  
STREET ADDRESS 6142 W CORPORATE OAKS DR  
CITY-ST-ZIP CRYSTAL RIVER FL

☒ Change ☐ Addition  
TITLE ☐ Delete  
NAME  
STREET ADDRESS 1506 N MEADOWCREST BOULEVARD  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE VD ☐ Delete  
NAME OLSEN, ELIZABETH M.  
STREET ADDRESS 6142 W CORPORATE OAKS DR  
CITY-ST-ZIP CRYSTAL RIVER FL

☒ Change ☐ Addition  
TITLE ☐ Delete  
NAME  
STREET ADDRESS 1506 N MEADOWCREST BOULEVARD  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ST ☐ Delete  
NAME CARMAN, JAMES W.  
STREET ADDRESS 6142 WEST CORPORATE OAKS DRIVE  
CITY-ST-ZIP CRYSTAL RIVER FL

☒ Change ☐ Addition  
TITLE ☐ Delete  
NAME  
STREET ADDRESS 1506 N MEADOWCREST BOULEVARD  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE SA ☐ Delete  
NAME TAYLOR, MARINA  
STREET ADDRESS 6142 W. CORPORATE OAKS DR.  
CITY-ST-ZIP CRYSTAL RIVER FL

☒ Change ☐ Addition  
TITLE ☐ Delete  
NAME  
STREET ADDRESS 1506 N MEADOWCREST BOULEVARD  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE ☐ Delete  
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: *Manna Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

(352) 795-2505

Daytime Phone #

CR2E034 (9/99)