

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # H68090**

1. Entity Name  
**MEADOWCREST DEVELOPMENT, INC.**

Principal Place of Business P.O. BOX 10,000 CRYSTAL RIVER FL 34423 US	Mailing Address P.O. BOX 10,000 CRYSTAL RIVER FL 34423-0100 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2574026</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> 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**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>OLSEN, STANLEY C.</b> <b>6142 W CORPORATE OAKS DR</b> <b>CRYSTAL RIVER FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1506 N MEADOWCREST BOULEVARD</b> <b>CRYSTAL RIVER FL 34429</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>OLSEN, ELIZABETH M.</b> <b>6142 W CORPORATE OAKS DR</b> <b>CRYSTAL RIVER FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1506 N MEADOWCREST BOULEVARD</b> <b>CRYSTAL RIVER FL 34429</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>CARMAN, JAMES W.</b> <b>6142 WEST CORPORATE OAKS DRIVE</b> <b>CRYSTAL RIVER FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1506 N MEADOWCREST BOULEVARD</b> <b>CRYSTAL RIVER FL 34429</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SA</b> <b>TAYLOR, MARINA</b> <b>6142 W. CORPORATE OAKS DR.</b> <b>CRYSTAL RIVER FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1506 N MEADOWCREST BOULEVARD</b> <b>CRYSTAL RIVER FL 34429</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marina Taylor* **4-28-00** **(352) 795-2505**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)