

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H88670

1. Entity Name

MEADOWVIEW CORP.

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

05-16-2000 90163 050 ***150.00

Principal Place of Business

6142 W CORPORATE OAKS DR
P.O. BOX 10,000
CRYSTAL RIVER FL 34423
US

Mailing Address

6142 W CORPORATE OAKS DR
P.O. BOX 10,000
CRYSTAL RIVER FL 34423-0100
US

2. Principal Place of Business

P.O. BOX 10,000

Suite, Apt. #, etc.

2600 W BLACK DIAMOND CR

City & State

CRYSTAL RIVER FL

Zip

34423

Country

US

3. Mailing Address

P.O. BOX 10,000

Suite, Apt. #, etc.

2600 W BLACK DIAMOND CR

City & State

CRYSTAL RIVER FL

Zip

34423

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2642260

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 DR
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 NAME STREET ADDRESS CITY-ST-ZIP	P OLSEN, STANLEY C 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OLSEN, ELIZABETH M. 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TAYLOR, MARINA 6142 W. CORPORATE OAKS DR. LECANTO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 W BLACK DIAMOND CIRCLE LECANTO FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 W BLACK DIAMOND CIRCLE LECANTO FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 W BLACK DIAMOND CIRCLE LECANTO FL 34461
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"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

(352) 795-2505

Daytime Phone #

CR2E034 (9/99)