

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90217 005 ***150.00

DOCUMENT # H88670

1. Entity Name
MEADOWVIEW CORP.

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
US

60063428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2600 W Black Diamond Cr.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 10,000
 Suite, Apt. #, etc.

City & State
Lecanto, FL
 Zip
34461
 Country
USA

City & State
Crystal River, FL
 Zip
34423
 Country
USA

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

STILLWELL, CLARK A
BANK OF INVERNESS BUILDING
320 HIGHWAY 41 SOUTH
INVERNESS FL 34450

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 _____ (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, 2001 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	P Olsen, Stanley 2600 W Black Diamond Cr. Lecanto, FL 34461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Olsen, Elizabeth M. 2600 W Black Diamond Cr. Lecanto, FL 34461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Taylor, Marina 2600 W Black Diamond Cr. Lecanto, FL 34461	<input checked="" 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
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:

Stanley C. Olsen **4/30/01** **352-746-4000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)