

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K57163

1. Entity Name

MEADOWS LAND OF VOLUSIA COUNTY, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90015 046 ***150.00

Principal Place of Business

Mailing Address

837 SAWGRASS LANE
 NEW SMYRNA BEACH FL 32168
 US

837 SAWGRASS LANE
 NEW SMYRNA BEACH FL 32168-2044
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2940214**

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

HALL, MARK R.
~~221 NORTH CAUSEWAY~~
~~NEW SMYRNA BEACH FL 32169~~

Name Same
 Street Address (P.O. Box Number is Not Acceptable) 122 Faulkner Street
New Smyrna Beach
 City FL Zip Code 32168

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, 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	P	<input type="checkbox"/> Delete
NAME	BRYDON, THOMAS E.	
STREET ADDRESS	674 INVERNESS CT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	GROLL, MARVIN	
STREET ADDRESS	837 SAWGRASS LN	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEW, HALLER V	
STREET ADDRESS	22 EDEN ROAD	
CITY-ST-ZIP	STANFORD CT 06907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: MARVIN GROLL 1-8-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #