

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 23, 2003 8:00 am
Secretary of State

0001935 AV

07-23-2003 90062 045 ***550.00

DOCUMENT # **K57163**

1. Entity Name
MEADOWS LAND OF VOLUSIA COUNTY, INC.



Principal Place of Business
**837 SAWGRASS LANE
NEW SMYRNA BEACH FL 32168
US**

Mailing Address
**837 SAWGRASS LANE
NEW SMYRNA BEACH FL 32168
US**



2. Principal Place of Business

3. Mailing Address

450 N. Causeway

450 N. Causeway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

New Smyrna Beach

City & State

New Smyrna Beach

4. FEI Number

59-2940214

Applied For
 Not Applicable

Zip

32169

Country

Volusia

Zip

32169

Country

Volusia

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HALL, MARK R.
122 FAULKNER STREET
NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent

Name **Thomas E. Brydon**
Street Address (P.O. Box Number is Not Acceptable)
674 Inverness Ct
City **New Smyrna Beach 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas E. Brydon*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	President Thomas Brydon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	674 Inverness Ct.	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas E. Brydon* **SIGNATURE REQUIRED** **July 19, 2003** **386-423-8199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)