

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 13 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001446

1. Entity Name
MEADOW, L.C.

Principal Place of Business 5543 KINGSMERE SARASOTA FL 34235	Mailing Address PO BOX 10128 SARASOTA FL 34278-0128
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

MNM

4. FEI Number **65-0860021**

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

BETTERTON, GREG A
900 S. TAMiami TRAIL SUITE 130
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

981 RIDGEWOOD AVE SUITE 101

City **VENICE** FL Zip Code **34292**

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]* (NOTE: Registered Agent signature required when reinstating)

DATE **4/10/2000**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIEBEN, HORST O 5543 KINGSMERE SARASOTA FL 34235	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	400003224144--6 -04/26/00--01015--007 *****50.00 *****50.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **4/10/2000** **(941) 488-4422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)