

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M79510

1. Entity Name

MEADOWCREST FAMILY PRACTICE, P.A.

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90129 017 \*\*\*150.00

00003344



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5915 W. GULF TO LAKE HWY CRYSTAL RIVER FL 34429 US		Mailing Address 3905 N LECANTO HWY BEVERLY HILLS FL 34465 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5915 W. Gulf To Lake Hwy Suite, Apt. #, etc.	
City & State		City & State Crystal River, FL	
Zip	Country	Zip	Country
34429		34429	U.S.
6. Name and Address of Current Registered Agent DEGRAW, JOHN R. 3905 N LECANTO HWY BEVERLY HILLS FL 34465		4. FEI Number 59-2901288 Applied For Not Applicable	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5915 W. Gulf To Lake Hwy City Crystal River FL Zip Code 34429		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DEGRAW JOHN R. 5915 W. GULF LAKE HWY CRYSTAL RIVER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICKERT, JIM 5915 W. GULF LAKE HWY CRYSTAL RIVER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MICHAEL, BAYS D 5915 W. GULF LAKE HWY CRYSTAL RIVER FL 34429 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 reports 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	

CR2E034 (10/00)