

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 12, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000001109**

1. Entity Name

MEADOWBROOK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

778 LUPINE LN.

778 LUPINE LN.

TALLAHASSEE
32308

FL

TALLAHASSEE
32308

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable5. 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

CAWTHON SARAH
778 LUPINE LN.TALLAHASSEE
32308

FL

Name

CAWTHON SARAH

Street Address (P.O. Box Number is Not Acceptable)
778 LUPINE LN.City
TALLAHASSEE

FL

Zip Code
32308

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 **SARAH CAWTHON****05/12/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	JEPSON LANCE		
STREET ADDRESS		STREET ADDRESS	762 LUPINE LANE		
CITY-ST-ZIP		CITY-ST-ZIP	TALLAHASSEE FL 32308		
TITLE	<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	HILL NELSON		
STREET ADDRESS		STREET ADDRESS	2384 WINTERGREEN ROAD		
CITY-ST-ZIP		CITY-ST-ZIP	TALLAHASSEE FL 32308		
TITLE	<input type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	MCDONALD LAUDELINA		
STREET ADDRESS		STREET ADDRESS	688 RIGGINS ROAD		
CITY-ST-ZIP		CITY-ST-ZIP	TALLAHASSEE FL 32308		
TITLE	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	MCBRIDE BARBARA		
STREET ADDRESS		STREET ADDRESS	771 LUPINE LANE		
CITY-ST-ZIP		CITY-ST-ZIP	TALLAHASSEE FL 32302		
TITLE	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	CAWTHON SARAH A		
STREET ADDRESS		STREET ADDRESS	778 LUPINE LANE		
CITY-ST-ZIP		CITY-ST-ZIP	TALLAHASSEE FL 32308		
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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)(f), 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 617, 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: Sarah Cawthon

P

05/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)