

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N27413**

1. Entity Name

THE MEADOWS COUNTRY CLUB, INC.**FILED**
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90082 022 ****61.25

C0011229

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**3101 LONGMEADOW
SARASOTA FL 34235
US**

Mailing Address

**3101 LONGMEADOW
SARASOTA FL 34235
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0065871

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

**DART, JOHN M.
1549 RINGLING BOULEVARD
SARASOTA FL 34236**

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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 | DP | <input checked="" type="checkbox"/> Delete |
| NAME | HOLLIS, WILLIAM | |
| STREET ADDRESS | 3416 HIGHLANDS BRIDGE ROAD | |
| CITY-ST-ZIP | SARASOTA FL 34235 | |

| | | |
|----------------|----------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Charles Hough | |
| STREET ADDRESS | 3376 Highlands Bridge Road | |
| CITY-ST-ZIP | Sarasota, FL 34235 | |

| | | |
|----------------|--------------------|--|
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | KELLAR, ROBERT | |
| STREET ADDRESS | 4917 TAYWATER DELL | |
| CITY-ST-ZIP | SARASOTA FL 34235 | |

| | | |
|----------------|------------------------|--|
| TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bruce Losurdo | |
| STREET ADDRESS | 5296 Huntingwood Court | |
| CITY-ST-ZIP | Sarasota, FL 34235 | |

| | | |
|----------------|--------------------------|--|
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | HOLLIS, WILLIAM | |
| STREET ADDRESS | 3416 HIGHLANDS BRIDGE RD | |
| CITY-ST-ZIP | SARASOTA FL | |

| | | |
|----------------|----------------------|--|
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Dennis Yoder | |
| STREET ADDRESS | 4781 Ringwood Meadow | |
| CITY-ST-ZIP | Sarasota, FL 34235 | |

| | | |
|----------------|----------------------|--|
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | YODER, DENNIS | |
| STREET ADDRESS | 4781 RINGWOOD MEADOW | |
| CITY-ST-ZIP | SARASOTA FL 34235 | |

| | | |
|----------------|----------------------|--|
| TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Florence Sullivan | |
| STREET ADDRESS | 4803 Marshfield Road | |
| CITY-ST-ZIP | Sarasota, FL 34235 | |

| | | |
|----------------|----------------------------|--|
| TITLE | DT | <input checked="" type="checkbox"/> Delete |
| NAME | HOUGH, CHARLES | |
| STREET ADDRESS | 3376 HIGHLANDS BRIDGE ROAD | |
| CITY-ST-ZIP | SARASOTA FL 34235 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|--|
| TITLE | | <input checked="" type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-16-01-944-371-3778

CR2E037 (10/00)