2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

US

Zip

DOCUMENT # N27413

1. Entity Name

Principal Place of Business

2. Principal Place of Business

3101 LONGMEADOW

SARASOTA FL 34235

Suite, Apt. #, etc.

DART, JOHN M.

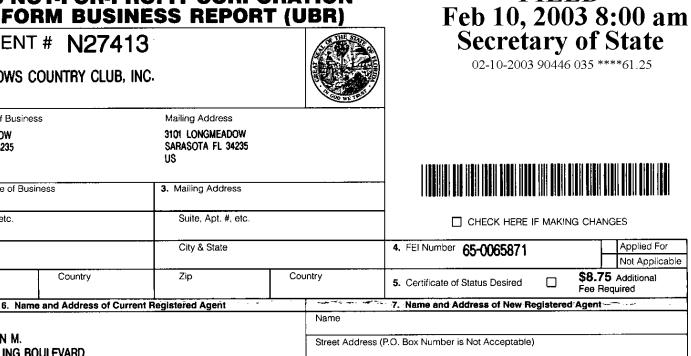
1549 RINGLING BOULEVARD SARASOTA FL 34236

City & State

Zip

THE MEADOWS COUNTRY CLUB, INC.

Country



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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25	,,	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	Make Florida

Check Payable to Florida Department of State

DATE

Applied For Not Applicable

FILED

46 OFFICERO AND DIRECTORS					
10. OFFICERS AND DIRECTORS	1. 70	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE DP	☐ Delete	TITLE		☐ Change	☐ Addition
NAME GRUBB, WILLIAM		NAME			
STREET ADDRESS 4541 WINDSOR PARK · ·		STREET ADDRESS			
CITY-ST-ZIP SARASOTA FL 34235		CITY-ST-ZIP			
TITLE DS	Delete	TITLE	DS	☐ Change	XXAddition
NAME LOSURDO, BRUCE	^	NAME	WERBELOW, JUDSON		
STREET ADDRESS 5296 HUNTINGTON COURT		STREET ADDRESS	3391 E. CHELMSFORD		
CITY-ST-ZIP SARASOTA FL 34235	والمهاد بيعال أوالمداران	CITY-ST-ZIP			
TITLE DV	☐ Delete ·	TITLE		☐ Change	Addition
NAME SULLIVAN, FLORENCE		NAME			
STREET ADDRESS 4803 MARSHFIELD ROAD		STREET ADDRESS			
CITY-ST-ZIP SARASOTA FL 34235		CITY-ST-ZIP			
TITLE DT	☐ Delete	TITLE		☐ Change	☐ Addition
NAME DUFFY, EDWARD		NAME			
STREET ADDRESS 3338 HIGHLANDS BRIDGE ROAD		STREET ADDRESS			
CITY-ST-ZIP SARASOTA FL 34235		CITY-ST-ZIP			
TITLE	☐ Delete	TITLÉ		☐ Change	Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filling 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