

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90050 011 \*\*\*\*61.25

**DOCUMENT # N94000005621**

1. Entity Name

**MEARES MEADOWS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

4933 PINE BREEZE BLVD  
 CALLAHAN FL 32011  
 US

Mailing Address

4933 PINE BREEZE BLVD  
 CALLAHAN FL 32011  
 US

2. Principal Place of Business

**4851 PINEBREEZE BLVD W**  
 Suite, Apt. #, etc.

3. Mailing Address

**4851 PINEBREEZE BLVD W**  
 Suite, Apt. #, etc.

City & State

**CALLAHAN FL**

Zip  
**32011**

Country

**NASSAU**

City & State

**CALLAHAN FL**

Zip  
**32011**

Country

**NASSAU**

4. FEI Number

**NOT APPLICABLE**

Applied For

**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MADDOX, RHONDA**  
**4933 PINE BREEZE BLVD**  
**CALLAHAN FL 32011**

7. Name and Address of New Registered Agent

Name **HARVEY M JONES Harvey M Jones**  
 Street Address/P.O. Box Number (if Not acceptable)  
**4851 PINEBREEZE BLVD W**  
 City **CALLAHAN** FL Zip Code **32011**

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

**Harvey M Jones HARVEY M JONES**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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

TITLE **DP** ☐ Delete  
 NAME **MADDOX, RANDY**  
 STREET ADDRESS **RT 5 BOX 3290**  
 CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE **DVP** ☐ Delete  
 NAME **KALEEL, LOUIS**  
 STREET ADDRESS **4860 PINEBREEZE BLVD.**  
 CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE **DST** ☐ Delete  
 NAME **MADDOX, RHONDA**  
 STREET ADDRESS **4933 PINE BREZE BLVD**  
 CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition  
 NAME **JONES, HARVEY M**  
 STREET ADDRESS **4851 PINE BREEZE BLVD W**  
 CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE **DVP** ☒ Change ☐ Addition  
 NAME **LITTLE, JAMES**  
 STREET ADDRESS **4970 PINEBREEZE BLVD W**  
 CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE **DST** ☒ Change ☐ Addition  
 NAME **CHARLOTTE SMITH**  
 STREET ADDRESS **PINE BREEZE BLVD W**  
 CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**HARVEY M JONES HARVEY M JONES**

**3-23-01**

**904-879-0886**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)