

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003472

1. Entity Name

MEADOW LANDS HOMEOWNERS ORGANIZATION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90171 001 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1453
 ANTHONY FL 32617-1453
 US

P.O. BOX 1453
 ANTHONY FL 32617-1453
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3340990

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

KENDZIORA, LORELEI V
11760 NE 14TH AVE
ANTHONY FL 32617

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	DT	<input type="checkbox"/> Delete
NAME	KENDZIORA, LORELEI V	
STREET ADDRESS	11760 NE 14TH AVE	
CITY-ST-ZIP	ANTHONY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONSTANTINO, VITTORIO	
STREET ADDRESS	P.O. BOX 524 N/A	
CITY-ST-ZIP	ANTHONY FL 32617-0524	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, RONALD	
STREET ADDRESS	11650 N. MAGNOLIA AVE.	
CITY-ST-ZIP	OCALA FL 34475-1009	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MOHR, JOE	
STREET ADDRESS	801 NE 117TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENNING, WM. CLARK	
STREET ADDRESS	12049 NE 8TH CT.	
CITY-ST-ZIP	OCALA FL 34479-1046	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FORD, LAUREEN	
STREET ADDRESS	12009 NE 8TH COURT	
CITY-ST-ZIP	OCALA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRERAS, GILL	
STREET ADDRESS	99 NW 117 TH STREET	
CITY-ST-ZIP	OCALA, FL 34475	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMANN, KEN	
STREET ADDRESS	865 NE 122ND STREET	
CITY-ST-ZIP	OCALA, FL 34479	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crothers, Anna	
STREET ADDRESS	1283 NE 120th Street	
CITY-ST-ZIP	Ocala, FL 34479	
TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: Lorelei V. Kendziora 2/23/00 352-732-5601
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)