

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001349

1. Entity Name

MEADOWLAKE AT SUMMERFIELD FACILITIES ASSOCIATION

Principal Place of Business

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637

Mailing Address

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637-5734

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

59-3367828

Applied For

Not Applicable

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

ZACHAU, JULIUS J
JOHNSON-BLAKELY POPE BOKOR RUPPEL BURNS P.
911 CHESTNUT STREET
CLEARWATER FL 34616

Antonio

Name
~~Antonio~~ Duarte
Street Address (P.O. Box Number is Not Acceptable)

11959 N. Florida Avenue

City Tampa

FL

Zip Code 33612

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

2-2-00

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 PD
NAME SELLINGER, JOHN
STREET ADDRESS 311 PARK PLACE BLVD. #600
CITY-ST-ZIP CLEARWATER FL 34619 ☐ Delete

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

TITLE VD
NAME MILLER, FRANCINE
STREET ADDRESS 311 PARK PLACE BLVD. #600
CITY-ST-ZIP CLEARWATER FL 34619 ☐ Delete

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

TITLE STD
NAME LASHLEY, JAMES
STREET ADDRESS 311 PARK PLACE BLVD. #600
CITY-ST-ZIP CLEARWATER FL 34619 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

Director - SF-404 2-22-00

888-5533

CR2E037 (9/99)