

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005990

1. Entity Name

MEADOWBROOK ESTATES HOMEOWNERS ASSOCIATION OF PA
SCO COUNTY, INC.

Principal Place of Business

Mailing Address

2224 MEADOW BROOK DR.
LUTZ FL 33549

2224 MEADOW BROOK DR.
LUTZ FL 33549
US

2. Principal Place of Business

17350 RIVERSTONE DRIVE

3. Mailing Address

P.O. Box 915

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

LUTZ, FL

Zip

33558

Country

Zip

33548

Country

4. FEI Number

59-3412549

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

WILSON, MYRNA
2249 MEADOW BROOK DR
LUTZ FL 33549

Name

LINDA SCHALCK

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

17350 RIVERSTONE DRIVE

City

LUTZ

FL

Zip Code

33558

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

Linda Schalck LINDA SCHALCK, PRES.

4/12/02

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 VD
NAME SCHALCK, WILLIAM F
STREET ADDRESS 17350 RIVERSTONE DR
CITY-ST-ZIP LUTZ FL ☒ Delete

TITLE PD
NAME LINDA SCHALCK
STREET ADDRESS 17350 RIVERSTONE DR.
CITY-ST-ZIP LUTZ, FL ☒ Change ☐ Addition

TITLE SD
NAME COLLIFLOWER, TAMI
STREET ADDRESS 17335 RIVERSTONE DR
CITY-ST-ZIP LUTZ FL ☒ Delete

TITLE VD
NAME ANTHONY MACCHIA
STREET ADDRESS 17286 RAINTREE ROAD
CITY-ST-ZIP LUTZ, FL ☒ Change ☐ Addition

TITLE TD
NAME SALLOT, MARY
STREET ADDRESS 17292 RAINTREE RD
CITY-ST-ZIP LUTZ FL ☒ Delete

TITLE TD
NAME WILLIAM F. SCHALCK
STREET ADDRESS 17350 RIVERSTONE DR
CITY-ST-ZIP LUTZ, FL ☒ Change ☐ Addition

TITLE PD
NAME WILSON, MYRNA
STREET ADDRESS 2224 MEADOWBROOK DR
CITY-ST-ZIP LUTZ FL ☒ Delete

TITLE SD
NAME MARY SALLOT
STREET ADDRESS 17292 RAINTREE RD
CITY-ST-ZIP LUTZ, FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Linda Schalck LINDA SCHALCK

4-11-02

813 920 6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

Date

Daytime Phone #

CR2E037 (9/01)