

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90638 004 \*\*\*\*61.25

**DOCUMENT # N98000002087**

1. Entity Name  
**MEADOW POINTE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**% DEVCO II CORPORATION  
15346 N. FLORIDA AVENUE SUITE 200  
TAMPA FL 33613**

Mailing Address  
**% DEVCO II CORPORATION  
15346 N. FLORIDA AVENUE SUITE 200  
TAMPA FL 33613**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**P.O. Box 7573**

Suite, Apt. #, etc.

**P.O. Box 7573**

City & State

**WESLEY CHAPEL, FL**

City & State

**WESLEY CHAPEL, FL**

Zip

**33544**

Country

**PASCO**

Zip

**33544**

Country

**PASCO**

4. FEI Number **59-3641879**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STALEY, MARK K  
100 SOUTH ASHLEY DRIVE  
SUITE 1500  
TAMPA FL 33602**

Name **John R. Schack**  
Street Address (P.O. Box Number is Not Acceptable)

**28629 DAWNS BREAK POINT**

City **Wesley Chapel**

**FL**

Zip Code

**33543**

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

**John R. Schack, Director, Treasurer, Mar 19, 2003**

(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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **BUCK, DONALD A**  
STREET ADDRESS **15346 N. FLORIDA AVE SUITE 200**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D, P** ☐ Change ☒ Addition  
NAME **MICHAEL DONAHUE**  
STREET ADDRESS **30051 COUNTRY LANE ROAD**  
CITY-ST-ZIP **WESLEY CHAPEL, FL 33543**

TITLE **D** ☒ Delete  
NAME **SIERRA, JOHN R JR.**  
STREET ADDRESS **15346 N. FLORIDA AVE SUITE 200**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D, S** ☐ Change ☒ Addition  
NAME **JEFFREY SPILLERS**  
STREET ADDRESS **30051 COUNTRY LANE ROAD**  
CITY-ST-ZIP **WESLEY CHAPEL, FL 33543**

TITLE **D** ☒ Delete  
NAME **GRAY, THOMAS H**  
STREET ADDRESS **15346 N. FLORIDA AVE SUITE 200**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D, T** ☐ Change ☒ Addition  
NAME **John R. Schack**  
STREET ADDRESS **28629 DAWNS BREAK POINT**  
CITY-ST-ZIP **WESLEY CHAPEL, FL 33543**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **KATHY BRAECHLEIN**  
STREET ADDRESS **30051 COUNTRY LANE ROAD**  
CITY-ST-ZIP **WESLEY CHAPEL, FL 33543**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: **SIGNATURE REQUIRED John R. Schack, March 19, 2003**

CR2E037 (10/02)