

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000074991

1. Entity Name
MEADOW SPRING, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90126 017 ***150.00

00045513

Principal Place of Business Mailing Address
100 NORTH WINTERSET AVE PO BOX 956
CRYSTAL RIVER FL 34423 HOMOSASSA FL 34487
US US

2. Principal Place of Business 3. Mailing Address
5188 S Riverview Cir 5188 S Riverview Cir
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Homosassa, FL Homosassa, FL
Zip Country Zip Country
34448 US 34448 US

4. FEI Number Applied For
59-32 10352 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, JAMES I.
100 WINTERSET AVE
CRYSTAL RIVER, FL 34423

7. Name and Address of New Registered Agent

Name
MARGARET D CARROLL
Street Address (P.O. Box Number is Not Acceptable)
5188 S RIVERVIEW CIR
HOMOSASSA
City HOMOSASSA FL Zip Code 34448

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 MARGARET C CARROLL

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

Margaret D Carroll

(NOTE: Registered Agent signature required when reinstating)

4/24/2000
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ADAMS, JAMES I	100 N WINTERSET AVE	CRYSTAL RIVER, FL	<input type="checkbox"/>
D	ANDERSON, NORMA V	11252 SW 139th PL	DUNEDIN, FL 34432	<input type="checkbox"/>
S	STONEMAN, BARBARA H	5264 S SPY GLASS PT	HOMOSASSA, FL 34448	<input type="checkbox"/>
T	CARROLL, MARGARET D	5188 S RIVERVIEW CIR	HOMOSASSA FL	<input type="checkbox"/>
D	THOMAS, J. B.	P. O. BOX 101	ROARING GAP, N. C. 28668	<input type="checkbox"/>
D	DOWD, CHARLES W.	5224 S RIVERVIEW CIRCLE	HOMOSASSA, FL	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		P. O. Box 956	Homosassa, FL 34487	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret D Carroll* MARGARET D CARROLL 4/24/2000 352-628-0435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)