

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000074991**1. Entity Name
MEADOW SPRING, INC.

Principal Place of Business

5188 S. RIVERVIEW CIR.

Mailing Address

5188 S. RIVERVIEW CIR.

HOMOSASSA

FL

34448

US

HOMOSASSA

FL

34448

US

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

59-3210352

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADAMS JAMES I.
100 WINTERSET AVECRYSTAL RIVER
34423

US

FL

7. Name and Address of New Registered Agent

Name

CARROLL MARGARET D

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

5188 S RIVERVIEW CIR

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 D. CARROLL****04/15/2001**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input 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	
TITLE	<input 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**

T

04/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)