2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # **P94000012874** MEADOWBROOK PARK ASSOCIATES, INC. 04-24-2001 90261 046 ***158.75 Principal Place of Business Mailing Address 3625 MEADOWBROOK DR. 1266 FIRST STREET SUITE 8 FT. MYER\$ FL 33901 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3953232 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KISTLER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1266 FIRST STREET SARASOTA FL 34236 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition KISTLER, RICHARD L NAME NAME STREET ADDRESS 1266 FIRST ST., SUITE 8 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE 🛣 Delete TITLE **C**hange ☐ Addition THORPE, JAMES J NAME STREET ADDRESS 1266 FIRST ST., SUITE 8 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROSNER, JAMES C NAME STREET ADDRESS STREET ADDRESS 45 PROGRESS PARKWAY CITY-ST-ZIP CITY-ST-ZIP MARYLAND HGTS MO TITLE ☐ Delete TITLE Change Addition NAME SAENGER, LEO C JR. NAME STREET ADDRESS STREET ADDRESS 12412 POWERS CT DR. #150 CITY-ST-ZIP CITY - ST - ZIP SAINT LOUIS MO 63141 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT1 F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.