2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000086627 Apr 20, 2000 8:00 am Secretary of State THE MEADOWS OF CITRUS COUNTY, INC. 04-20-2000 90071 026 ***150.00 Mailing Address Principal Place of Business 10374 N. NATCHEZ LOOP 10374 N. NATCHEZ LOOP DUNNELLON FL 34434-3741 **DUNNELLON FL 34434** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3344522 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAFOND, PAUL P Street Address (P.O. Box Number is Not Acceptable) 10374 N. NATCHEZ LOOP **DUNNELLON FL 34434** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete TITLE LAFOND, PAUL NAME NAME STREET ADDRESS 10394 NO. NETCHEZ LOOP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUNNELON FL Addition ☐ Change TITLE ☐ Delete TITLE NAME LAFOND, JERALD NAME STREET ADDRESS 10374 N. NATCHEZ LOOP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNNELLON FL 34434** ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1). 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

Hands Jewill Golden Participal Control of Signiature and typed on printed name of Signing Officer on Director

4-17-2000

Daytime Phone #