

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 OCT 13 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P95000086627

1. Entity Name

THE MEADOWS OF CITRUS COUNTY, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1795 N. FLORIDA AVE.

3. Mailing Address

1795 N. FLORIDA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HERNANDO, FL.

City & State

HERNANDO, FL.

4. FEI Number

59-3344522

Applied For

Not Applicable

Zip

34442

Country

Zip

34442

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Paul LaFond**

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

~~10374 N. Natchez Loop~~

City **Dunnellon**

FL

Zip Code **34434**

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

Paul LaFond

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
JERRY LAFOND
10374 N. NATCHEZ LOOP
DUNNELLON, FL. 34434**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT AND
SECRETARY TREASURER**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PAUL LAFOND
10374 N. NATCHEZ LOOP
DUNNELLON, FL. 34434**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**800023721938
10/13/03--01008--001 **26.25**

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul LaFond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/03

352-860-2044
Date Daytime Phone *

CR2E034B (12/02)