

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90299 024 \*\*\*150.00

0612441

**DOCUMENT # P98000008041**

1. Entity Name

**LIBRARY MEWS DEVELOPMENT, INC.**

Principal Place of Business

**290 COCOANUT AVENUE  
 BUILDING 1  
 SARASOTA FL 34236**

Mailing Address

**290 COCOANUT AVENUE  
 BUILDING 1  
 SARASOTA FL 34236**

00016911



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1715 STICKNEY POINT RD**

3. Mailing Address

**1715 STICKNEY POINT RD**

Suite, Apt. #, etc.

**SUITE A-1**

Suite, Apt. #, etc.

**SUITE A-1**

City & State

**SARASOTA, FLORIDA**

City & State

**SARASOTA, FLORIDA**

4. FEI Number

**65-0796054**

Applied For

Not Applicable

Zip

**34231**

Country

**SARASOTA**

Zip

**34231**

Country

**SARASOTA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, KENT J ESQ  
 7101 SOUTH TAMiami TRAIL  
 SUITE A  
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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)

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

| TITLE | NAME              | STREET ADDRESS         | CITY-ST-ZIP                | <input type="checkbox"/> Delete |
|-------|-------------------|------------------------|----------------------------|---------------------------------|
| D     | RIVERS, RONALD D  | 7667 COVE TERRACE      | SARASOTA FL 34231          | <input type="checkbox"/>        |
| D     | RIVERS, CHARLES E | 6420 HOLLYWOOD BLVD.   | SARASOTA FL 34231          | <input type="checkbox"/>        |
| D     | BALK, BRUCE N     | 290 COCOANUT AVENUE #1 | SARASOTA FL 34236          | <input type="checkbox"/>        |
| SEC   | MARSDEN, DONALD R | 7219 RTE 35 SE         | WASHINGTON CATHSE OH 43160 | <input type="checkbox"/>        |
|       |                   |                        |                            | <input type="checkbox"/>        |
|       |                   |                        |                            | <input type="checkbox"/>        |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Donald R. Marsden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-01

Date

(740) 333-5003

Daytime Phone #

CR2E034 (10/00)