

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91053 012 \*\*\*150.00

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**DOCUMENT # P98000008041**

1. Entity Name  
**LIBRARY MEWS DEVELOPMENT, INC.**



Principal Place of Business  
1715 STICKNEY POINT RD  
SUITE A-1  
SARASOTA FL 34231

Mailing Address  
1715 STICKNEY POINT RD  
SUITE A-1  
SARASOTA FL 34231

**70044939**



2. Principal Place of Business  
**2100 CONSTITUTION BLVD**

3. Mailing Address  
**2100 CONSTITUTION BLVD**

Suite, Apt. #, etc.  
**SUITE 114**

Suite, Apt. #, etc.  
**SUITE 114**

CHECK HERE IF MAKING CHANGES

City & State  
**SARASOTA FL**

City & State  
**SARASOTA FL**

4. FEI Number  
**65-0796054**

Applied For  
 Not Applicable

Zip  
**34231-4146**

Country  
**SARASOTA**

Zip  
**34231-4146**

Country  
**SARASOTA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RIVERS, RONALD D</b>
STREET ADDRESS	<b>7667 COVE TERRACE</b>
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RIVERS, CHARLES E</b>
STREET ADDRESS	<b>6420 HOLLYWOOD BLVD.</b>
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>
TITLE	<b>SEC</b> <input type="checkbox"/> Delete
NAME	<b>MARSDEN, DONALD R</b>
STREET ADDRESS	<b>7319 OLD COUNTRY RD 35 SE</b>
CITY-ST-ZIP	<b>WASHINGTON CATHSE OH 43160</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED Rivers **4-14-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)