

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90065 006 \*\*\*150.00

**DOCUMENT # P98000047267**

1. Entity Name

**MEADOWBROOK OF FLORIDA, INC.**

Principal Place of Business

**455 FAIRWAY DR., STE. 300  
DEERFIELD BEACH FL 33441**

Mailing Address

**455 FAIRWAY DR., STE. 300  
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0839780**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VILLARI, DAVID**

**455 FAIRWAY DRIVE STE 300  
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name **DAVID Villari**

Street Address (P.O. Box Number is Not Acceptable)  
**2899 NE 26 CT**

City **FT Lauderdale**

**FL**

Zip Code **33306**

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	VILLARI, DAVID J	
STREET ADDRESS	455 FAIRWAY DR., STE. 300	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CUBBIN, ROBERT S	
STREET ADDRESS	26600 TELEGRAPH RD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HENRY, JOSEPH P	
STREET ADDRESS	26600 TELEGRAPH RD.	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, KENN R	
STREET ADDRESS	26600 TELEGRAPH RD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MILES, CHARLES	
STREET ADDRESS	455 FAIRWAY DR., STE. 300	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWEARINGEN, JAMES R	
STREET ADDRESS	26600 TELGRAPH RD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)