

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 07, 2001 8:00 am  
Secretary of State**

02-07-2001 90195 019 \*\*\*150.00

**DOCUMENT # P99000027042**

1. Entity Name

**MEADOWCREST ACQUISITION CORPORATION**

Principal Place of Business

**222 LAKEVIEW AVENUE  
17TH FLOOR  
WEST PALM BEACH FL 33401**

Mailing Address

**222 LAKEVIEW AVENUE  
17TH FLOOR  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

**Gardens Corporate Center  
3801 PGA Boulevard, Suite 555  
Palm Beach Gardens, FL 33410**

3. Mailing Address

**Gardens Corporate Center  
3801 PGA Boulevard, Suite 555  
Palm Beach Gardens, FL 33410****U0015232**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0915923**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**REGSERV CORP.  
222 LAKEVIEW AVENUE  
17TH FLOOR  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

**REGSERV CORP.  
Gardens Corporate Center  
3801 PGA Boulevard, Suite 555  
Palm Beach Gardens, FL 33410****FL** Zip Code

8. The above

**REGSERV CORP.**

office or registered agent, or both, in the State of Florida.

SIGNATURE

By: *Lawrence J. Diamond***Lawrence J. Diamond, Vice President****JAN 29 2001**

gent 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
<b>D</b>	<b>RENDINA, BRUCE A</b>	<b>1549 ENCLAVE CIRCLE</b>	<b>WEST PALM BEACH FL 33411</b>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>D P</b>	<b>Bruce A. Rendina</b>	<b>Gardens Corporate Center</b>	<b>3801 PGA Blvd., Suite 555</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>Palm Beach Gardens, Florida 33410</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>VP</b>	<b>Patrick J. DiSalvo</b>	<b>Gardens Corporate Center</b>	<b>3801 PGA Blvd., Suite 555</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<b>Palm Beach Gardens, Florida 33410</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>S</b>	<b>Lawrence B. Juran</b>	<b>Gardens Corporate Center</b>	<b>3801 PGA Blvd., Suite 555</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<b>Palm Beach Gardens, Florida 33410</b>			

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patrick J. DiSalvo**  
**Vice President**

Date

**JAN 29 2001**

Daytime Phone #

**(560)-630-5055**

CR2E034 (10/00)