

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90086 004 ***150.00

DOCUMENT # **P99 000051018**

1. Entity Name

Island Club West Development, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3100 Sand Mine Rd.

Suite, Apt. #, etc.

3. Mailing Address

3100 Sand Mine Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Davenport, FL

City & State

Davenport FL

4. FEI Number

59-3645631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Meadows, David

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

400 SADDLEWORTH PLACE

City

HEATHROW

FL

Zip Code

32746

**DO NOT WRITE
IN THIS SPACE**

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

DAVID MEADOWS

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME	Meixner, Deanna
STREET ADDRESS	3100 Sand Mine Rd.
CITY-ST-ZIP	Davenport, FL 33897
TITLE	S
NAME	Acerale, Tiffany
STREET ADDRESS	510 Douglas Ave. Suite 1001
CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	D
NAME	Meadows, David M.
STREET ADDRESS	510 Douglas Ave Suite 1001
CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	
NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Deanna Meixner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEANNA MEIXNER

4/30/02

DATE

863.420.3191 X19

Daytime Phone #

CR2E034B (12/01)