

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081154

1. Entity Name

MEADOW WOODS COMMUNITY DEVELOPERS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90140 015 ***150.00

Principal Place of Business

Mailing Address

6767 N. WICKHAM RD., SUITE 500
MELBOURNE FL 32940

6767 N. WICKHAM RD., SUITE 500
MELBOURNE FL 32940-2027

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

59-3598294

Applied For

Not Applicable

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

FRESE, GARY B

930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE FL 32901

Name Robert M. Kush

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

6767 N. Wickham Rd. Suite 500

City Melbourne

FL

Zip Code 32940

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

4.28.2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SWAIN, LINDA
STREET ADDRESS 6767 N. WICKHAM RD., SUITE 500
CITY-ST-ZIP MELBOURNE FL 32940

TITLE D ☐ Delete
NAME BUESCHER, KEITH
STREET ADDRESS 6767 N. WICKHAM RD., SUITE 500
CITY-ST-ZIP MELBOURNE FL 32940

TITLE D ☐ Delete
NAME KUSH, ROBERT M
STREET ADDRESS 6767 N. WICKHAM RD., SUITE 500
CITY-ST-ZIP MELBOURNE FL 32940

TITLE D ☐ Delete
NAME SEMLER, DANIEL
STREET ADDRESS 6767 N. WICKHAM RD., SUITE 500
CITY-ST-ZIP MELBOURNE FL 32940

TITLE D ☐ Delete
NAME PRINCE, FRANK
STREET ADDRESS 6767 N. WICKHAM RD., SUITE 500
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Jack Wolfe, Jr.
STREET ADDRESS 6767 N. Wickham Rd.
CITY-ST-ZIP Melbourne FL 32940

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 #

ROBERT M. KUSH

4.28.2000 321.259.6972
X247

CR2E034 (9/99)