

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095672

1. Entity Name  
**MEADOW GLEN, INC.**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90108 023 \*\*\*158.75

Principal Place of Business  
**1520 ROYAL PALM SQUARE BLVD.  
SUITE 360  
FORT MYERS FL 33919**

Mailing Address  
**1520 ROYAL PALM SQUARE BLVD.  
SUITE 360  
FORT MYERS FL 33919**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0958015**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**ARNOLD, BOWEN A  
1520-360 ROYAL PALM SQUARE BLVD.  
FORT MYERS FL 33919**

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.

SIGNATURE \_\_\_\_\_ (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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>P</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>ARNOLD, BOWEN A</b>	<b>1520-360 ROYAL PALM SQUARE BLVD</b>	<b>FORT MYERS FL 33919</b>		
	<b>VPST</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>MILLER, ERIC C</b>	<b>1520-360 ROYAL PALM SQUARE BLVD</b>	<b>FORT MYERS FL 33919</b>		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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

**BOWEN A ARNOLD**

Date

**1/11/01**

Daytime Phone #

**941 2758029**

CR2E034 (10/00)