

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58272

1. Entity Name

MEADOWS REAL ESTATE CORPORATION

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90226 006 ***150.00

Principal Place of Business

5023 RINGWOOD MEADOW
SARASOTA FL 34235
US

Mailing Address

5023 RINGWOOD MEADOW
SARASOTA FL 34235-2035
US

2. Principal Place of Business

4702 26TH ST. W.
Suite, Apt. #, etc.

3. Mailing Address

4702 26TH ST. W.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BRADENTON, FLA.

Zip
34207

City & State
BRADENTON, FLA.

Zip
34207

4. FEI Number 65-0264908

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AVERY, JOHN E
5023 RINGWOOD MEADOW
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name
Street Address Box Number Not Applicable
City BRADENTON, FL Zip 34207

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, 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

TITLE	DT	<input type="checkbox"/> Delete
NAME	AVERY, JOHN E	
STREET ADDRESS	5023 RINGWOOD MEADOW	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, JR. P	
STREET ADDRESS	4858 GREYWOOD LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	AVERY, LAURA P	
STREET ADDRESS	6259 AVENTRUA DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 (9/99)