## 2001 UNIFORM BUSINESS REPORT/(UBR)

## Sep 17, 2001 8:00 am Secretary of State DOCUMENT # S58272 1. Entity Name 09-17-2001 90010 016 \*\*\*550 00 MEADOWS REAL ESTATE CORPORATION Principal Place of Business Mailing Address 4702 26TH S WEST 4702 26TH S WEST Hillinggrad **BRADENTON FL 34207 BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0264908 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAURA P. AVERY. AVERY, JÖHN E Street Address (P.O. Box Number is Not Acceptable) 4702 26TH ST WEST **BRADENTON FL 34207** CityPARRISH 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition ☐ Change AVERY, JOHN E. NAME AVERY, JOHN E NAME **5023 RINGWOOD MEADOW** STREET ADDRESS STREET ADDRESS PARRISH FL 34219 CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE LAURA P. AVERY, LAURH T. BOOW WILDERNESS BLUD W. NAME AVERY, LAURA P NAME STREET ADDRESS 6259 AVENTRUA DR STREET ADDRESS PARRISH . FL 34219 CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

9/12/01

941. 724-//38 Daytime Phone #