

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90141 038 \*\*\*\*61.25

**DOCUMENT # 751942**

1. Entity Name

**LIVINGSTON MEADOWS PROPERTY OWNERS ASSOCIATION,**

Principal Place of Business

**7119 W. LIVINGSTON ST.  
ORLANDO FL 32835-026  
US**

Mailing Address

**7119 W. LIVINGSTON ST.  
ORLANDO FL 32835-026  
US**

**00056162**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2964351**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SLAUGHTER, BRANTLEY  
7119 W. LIVINGSTON ST.  
ORLANDO FL 32811**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **SLAUGHTER, BRANTLEY**  
STREET ADDRESS **7119 W. LIVINGSTON ST**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ Delete  
NAME **EVANS, ROBERT A**  
STREET ADDRESS **6937 W. LIVINGSTON ST.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ Delete  
NAME **STONE, J M**  
STREET ADDRESS **1453 N. PINE HILLS RD**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete  
NAME **SWORDES, DALE**  
STREET ADDRESS **344 CINNAMON BARK LANES**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☐ Delete  
NAME **VEITH, WALTER E**  
STREET ADDRESS **225 NOWELL**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☐ Delete  
NAME **DJANE ZIMMERMAN**  
STREET ADDRESS **318 N. HAWASSEE ROAD**  
CITY-ST-ZIP **ORLANDO FL 32835**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

**5-1-01**

**407-643-3200**

CR2 037 (10/00)