

# 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

Mailing Address

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

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

00056162



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

**59-2964351**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01

407-643-3200

CR2 037 (10/00)