

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90102 007 ****61.25

DOCUMENT # 751942

1. Entity Name

LIVINGSTON MEADOWS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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

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

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

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

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

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

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

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

TITLE S
 NAME ZIMMERMAN, DUANE
 STREET ADDRESS 318 N HIAWASSEE RD
 CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

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

TITLE ☐ Delete
 NAME
 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:

Brantley Slaughter
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#871

13 SEPT 2002 **247-2297**

CR2E037 (4/02)