

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007402 AT

**DOCUMENT # A02000001521**

1. Entity Name  
**THE MEADOWS AT GLEN PLANTATION, LTD.**



**FILED**  
**03 APR 22 AM 11: 22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**11635 NW 1ST AVENUE  
GAINESVILLE FL 32607**

Mailing Address  
**11635 NW 1ST AVENUE  
GAINESVILLE FL 32607**



2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CURTIS, JOHN M 11635 NW 1ST AVENUE GAINESVILLE FL 32607</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$72,836.50</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>0.00</b>	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>P01000112606</b>	STREET ADDRESS	
NAME	<b>GLEN PLANTATION, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>11635 NW 1ST AVENUE</b>		
CITY-ST-ZIP	<b>GAINESVILLE FL 32607</b>		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

*B/K*

**100016955341**  
**04/24/03--01036--019 \*\*150.00**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *[Signature]* **REQUIRED** By: **Glen Plantation, Inc., The General Partner**  
**John M. Curtis**  
**Director** **04/16/03** **352-332-0838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)