

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A16266

1. Entity Name

SUNRISE MEADOWS, LTD.

Principal Place of Business

1300 RIVERPLACE BLVD., SUITE 610  
JACKSONVILLE FL 32207

Mailing Address

1300 RIVERPLACE BLVD., SUITE 610  
JACKSONVILLE FL 32207-9081

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2363571

Applied For  
Not Applicable

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

FERGUSON, KELLEY D.  
2483 STONEBRIDGE DR.  
ORANGE PARK FL 32073

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

9. Capital Contributions  
as Shown on record.

\$4,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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.

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
FERGUSON, KELLEY D.  
2483 STONEBRIDGE DRIVE  
ORANGE PARK FL

STREET ADDRESS  
CITY - ST - ZIP

ADDRESS CHANGES ONLY  
100003232511--4  
-06/15/00--01106--024  
\*\*\*\*141.25 \*\*\*\*141.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

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:

*Kelley D. Ferguson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kelley D. Ferguson

05/01/00  
Date

904/396-1010  
Daytime Phone #

CR2(10) (1-9)