

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23607**

1. Entity Name

MEADOWGREEN FARMS LIMITED PARTNERSHIP

Principal Place of Business

1305 HILLSIDE CTR. E.HWY 441. STE. 1307
P.O. BOX 1857
ALACHUA FL 32616

Mailing Address

1305 HILLSIDE CTR. E.HWY 441. STE. 1307
P.O. BOX 1857
ALACHUA FL 32616-1857

2. Principal Place of Business

14016 ML King Hwy
Suite, Apt. #, etc.

3. Mailing Address

PO Box 1857
Suite, Apt. #, etc.

City & State

Alachua FL

City & State

Alachua FL

Zip

Alachua

Zip

32616-1857

Country

Alachua

4. FEI Number

59-2737889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIGGINS, J. ARDENE

1305 HILLSIDE CTR. E HWY 441, STE. 1307

P.O. BOX 1857

ALACHUA FL 32615

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

9. Capital Contributions
as Shown on record.

\$8,000.00

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

DOCUMENT # J39700
NAME MEADOWGREEN FARMS, INC.
STREET ADDRESS 1305 HILLSIDE CENTER
CITY - ST - ZIP ALACHUA FL

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Signature: Ardene Wiggins 3/17/00 904-462-1476
Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 1:07



DO NOT WRITE IN THIS SPACE

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CR2E003 (9/99)