

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23607**

1. Entity Name

**MEADOWGREEN FARMS LIMITED PARTNERSHIP**

Principal Place of Business

**14016 N.W. US HIGHWAY 441  
ALACHUA FL 32615**

Mailing Address

**PO BOX 1857  
ALACHUA FL 32616-1857**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

**14024 NW US HWY 441**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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**

**14016 N.W. US HIGHWAY 441**

**ALACHUA FL 32615**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**14024 NW US HWY 441**

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

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 **14016 N.W. US HIGHWAY 441**  
CITY-ST-ZIP **ALACHUA FL 32615**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**400005146634--6**

**-03/22/02--01054--009**

**\*\*\*\*144.75 \*\*\*\*144.75**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

**ARDENE WIGGINS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**ARDENE WIGGINS 386-462-1476 03-15-02**  
Date Daytime Phone #

CR2E003 (9/01)