

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001818**

1. Entity Name

MEADOW GLEN, LTD.

FILED

00 JAN 27 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1520 ROYAL PALM SQUARE BLVD., SUITE 360
FORT MYERS FL 33919

Mailing Address
1520 ROYAL PALM SQUARE BLVD., SUITE 360
FORT MYERS FL 33919-1053



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

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

HAMLIN, CURTIS D ESQ.
HARLEE, PORGES, HAMLIN, KNOWLES, BALD
1205 MANATEE AVENUE WEST
BRADENTON FL 34205

Name **BOWEN A ARNOLD**
Street Address (P.O. Box Number is Not Acceptable)
1520-360 ROYAL PALM SQ BLVD.
City **FT MYERS** FL Zip Code **33919**

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 **BOWEN A ARNOLD** 01/06/00

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. **\$7,500.00**

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. ADDRESS CHANGES ONLY

DOCUMENT # **P99000095672**
NAME **MEADOW GLEN, INC.**
STREET ADDRESS **1520 ROYAL PALM SQUARE BLVD., SUITE 360**
CITY - ST - ZIP **FORT MYERS FL 33919**

STREET ADDRESS

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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:

BOWEN A ARNOLD, PRES.

01/06/00 9412758029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MEADOW GLEN, INC.

Date

Daytime Phone #

CR2E003 (9/99)