

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J42137

1. Entity Name

QUAIL MEADOW UTILITIES, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90141 014 ***150.00

Principal Place of Business

% STEPHEN G. MEHALLIS
2477 EAST COMMERCIAL BLVD
FT. LAUDERDALE FL 33308

Mailing Address

% STEPHEN G. MEHALLIS
2477 EAST COMMERCIAL BLVD
FT. LAUDERDALE FL 33308-4041

2. Principal Place of Business

5850 SW State Road 200

3. Mailing Address

P.O. Box 771268

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ocala, Florida

City & State
Ocala, Florida

4. FEI Number 65-0000117

Applied For
Not Applicable

Zip
34474-5736

Country
USA

Zip
34477

Country
USA

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

MEHALLIS, STEPHEN G.
2477 EAST COMMERCIAL BLVD
FT. LAUDERDALE FL 33308

Name
James T. Aherron

Street Address (P.O. Box Number is Not Acceptable)
5850 SW State Road 200

City
Ocala FL Zip Code
34474

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

James T. Aherron

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AHERRON, JAMES T 5850 SW STATE ROAD 200 OCALA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PANESH, BETH L 2477 E COMMERCIAL BLVD FT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYLE, MARLENE 5850 SW ST RD 200 OCALA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEHALLIS, STEPHEN G. 2477 E COMMERCIAL BLVD FT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AHERRON, TRACY 5850 SW STATE ROAD 200 OCALA FL 34-4747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, LATZ W 2477 E. COMMERCIAL BLVD FT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James T. Aherron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/99

Date

Daytime Phone #

CR2E034 (9/99)