

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004805

1. Entity Name  
MEADOWBROOK INVESTMENTS, LLC

Principal Place of Business  
3019 SW 27TH AVENUE, SUITE 202  
OCALA FL 34474

Mailing Address  
3019 SW 27TH AVENUE, SUITE 202  
OCALA FL 34474

FILED

01 MAY 21 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1100 SE 17TH Street

3. Mailing Address  
1100 SE 17TH Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#300  
City & State  
Ocala FL

#300  
City & State  
Ocala FL

4. FEI Number  
59-3654139

Applied For  
Not Applicable

Zip  
34471

Country  
USA

Zip  
34471

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYD, ROY T III  
3019 SW 27TH AVENUE, SUITE 202  
OCALA FL 34474

7. Name and Address of New Registered Agent

Name  
Roy Thad Boyd III MKGM

Street Address (P.O. Box Number is Not Acceptable)  
1100 SE 17TH Street

#300

City  
Ocala

FL

Zip Code  
34471

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
Roy Thad Boyd III - MKGM  
1100 SE 17TH Street #300  
Ocala, FL 34471

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200004420892--2  
-06/14/01--01104--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

3-27-01

352-861-2218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

0024670 AF