

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000008537

DOCUMENT #

1. Entity Name

GREEN MEADOW OF VERO BEACH, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

PO Box 651325

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 651325

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Vero Beach FL

4. FEI Number

650965251

Applied For

Not Applicable

Zip

Country

32965 Indian River

Zip

Country

32965 Indian River

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Todd Fennell  
979 Beachland Blvd  
Vero Beach FL 32963

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9.

MANAGING MEMBERS/MEMBERS

TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Cindy L Brown	
STREET ADDRESS	PO Box 651325	
CITY-ST-ZIP	Vero Beach FL 32965	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10.

ADDITIONS/CHANGES

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Cindy L. Brown

March 16, 2000

561 234-7176

APPROVED  
FILED

00 MAR 20 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

3/30

DO NOT WRITE IN THIS SPACE

CR2E083 (11/99)