

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009299

1. Entity Name

MEADOW WOOD TRAILS, L.C.

Principal Place of Business

114 NE 1st Street  
Trenton, FL 32693

Mailing Address

Post Office Box 308  
Trenton, FL 32693

2. Principal Place of Business  
same

3. Mailing Address  
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Gilchrist

Zip

Country

Gilchrist

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

00 MAR 12 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 6. Name and Address of Current Registered Agent

Theodore M. Burt, Esq.  
Post Office Box 308  
114 NE 1st Street  
Trenton, FL 32693

## 7. Name and Address of New Registered Agent

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 NAME ☐ Delete  
MGRM  
Arthur J. McQuillan III  
Post Office Box 537, Hwy 241  
Alachua FL 32616

TITLE NAME ☐ Delete  
Theodore M. Burt  
PO Box 919, 114 NE 1st Street  
Trenton, FL 32693

TITLE NAME ☐ Delete  
Arthur L. Day  
2300 NW 29th St  
Gainesville FL 32605

TITLE NAME ☐ Delete  
Dana Day  
2300 NW 29th St  
Gainesville FL 32605

TITLE NAME ☐ Delete  
Pamela D. Burt  
PO Box 919, 114 NE 1st St  
Trenton, FL 32693

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 #

4-7-00

904-496-2679