## 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900009299  1. Entity Name					FILED					
MEADOW WOOD TRAILS, L.C.							OLMAVII			
	r 2						OLMAYII			
Principal Plac	ee of Business	Mailing Address				,	SECRETARY FALLAHASSE	OF S	TATE	
114 NE FIRST STREET PO BOX 308						';	MLLAHASSE	E, FL	ORIDA	
TRENTON FL 32693 TRENTON FL 32693										
					ļ					
2. Principal P	Place of Business	3. Mailing Address								
·								1		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.				DO NOT WRITE	IN THIS S	SPACE	
City & Stat	te	. City & State	ity & State			lumber	59-3643		<del>  </del>	plied For
Zip	Country	Zip	Country				APPLIED FOR	<del></del>	No. \$5.00 Add	ot Applicable
	Country	2.0			5. Certii	icate of	Status Desired		Fee Require	
	6. Name and Address of Curren	t Registered Agent	Name	<u> </u>	7. Name	and Ac	ddress of New Reg	istered A	gent	
BURT, THEODORE M										
· ·	IRST STREET		Street Address (			umber is	s Not Acceptable)	i I		
	I FL 32963								•	
			City	•			<del></del>	FL	Zip Cod	е
8. The above	named entity submits this statement	for the purpose of changing its re	gistered office	or register	ed agent, o	or both,	in the State of Florid	a.	_L	
			_	-	•					
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	Registered Agent sig	nature required	when reinstati	ng)		DATE		
		FILE NOV	VIII FEE IS	\$50.00		70	00043	83	597	7
		FILE NOV Make Check Pays	W!!! FEE IS	-	f State	ጉር	-06/08/	01- <b>-</b> 0	1059	Ü04
		Make Check Paya	able to Depa	-	f State	ጉር	-06/08/ *****5	010 0.00		Ü04
9.	MANAGING MEM	Make Check Paya	able to Depa	-	f State	70	-06/08/	010 0.00 HANGES	1059 ****	004 50.00
9. TITLE NAME	MGRM	Make Check Paya	able to Depa	MOQ0	xkkkæ		-06/08/ *****5 Additions/ci	010 0.00 HANGES   X	1059	Ü04
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCQUILLAN II, ARTHUR J BOX BOX \$37X XXVV 24X X ALACHUA FL	Make Check Pays BERS/MEMBERS  KNOClete	10. TITLE NAME STREET ADDRES CITY-ST-ZIP	MCQ0 S ROX	xkkkan kexxxxx	(XIXIXIX (XBXXXX	-06/08/ *****5 Additions/ci	010 0.00 HANGES   X	1053 ***** Change	004 50.00
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	MGRM MCQUILLAN II, ARTHUR J BOX 837X X X X X X X X X X X X X X X X X X X	Make Check Pays BERS/MEMBERS  KNOClete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	MCCO S ROOK IXXX	xkkkan kexxxxx	(XIXIXIX (XBXXXX	-06/08/ *****5 ADDITIONS/CI XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	010 0.00 HANGES   X	1053 ***** Change	004 50.00
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysting Phone #