

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
May 28, 2002 8:00 am
Secretary of State

02-03-2002 90030 016 ****61.25

DOCUMENT # N01000007913

1. Entity Name

**MEADOWS OF KANAPHAH PHASE II OWNERSHIP ASSOCIATI
ON, INC.**

Principal Place of Business

Mailing Address

**5517 S.W. 69TH TERRACE
GAINESVILLE FL 32608****5517 S.W. 69TH TERRACE
GAINESVILLE FL 32608**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, DAVID M
5517 S.W. 69TH TERRACE
GAINESVILLE FL 32608**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MILLER, DAVID M
5517 S.W. 69TH TERRACE
GAINESVILLE FL 32608** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
COX, ALISON
5517 S.W. 69TH TERRACE
GAINESVILLE FL 32608** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
BUCKLEY, BEVERLY
5517 S.W. 69TH TERRACE
GAINESVILLE FL 32608** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Faxed 3/22/02

Attachment # NO1000007913 29510



Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN OMB No. 1545-0003
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Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Meadows of Kanapaha Phase II Ownership Association		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 5517 SW 69th Terrace		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code Gainesville, FL 32608		5b City, state, and ZIP code
	6 County and state where principal business is located Alachua County Florida		
	7a Name of principal officer, general partner, grantor, owner, or trustee David M. Miller		7b SSN, ITIN, or EIN
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 11204 <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated FL		Foreign country	
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Homeowner Association <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) 11/1/02		11 Closing month of accounting year Dec	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." ▶ 0		Agricultural 0 Household 0 Other 0	
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Management			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Management			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ()
	Address and ZIP code	Designee's fax number (include area code) ()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) (352) 372-7736 Applicant's fax number (include area code) (352) 377-8714
Name and title (type or print clearly) ▶ David M. Miller President		
Signature ▶ David M. Miller Date ▶ 3/22/02		