

# FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

DOCUMENT # 901606096694

1. Entity Name  
monticello meadows, Inc.

FILED

02 NOV 20 12:12

FLORIDA SECRETARY OF STATE  
TALLAHASSEE, FL 32399

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2012 S. Jefferson St.  
Suite, Apt. #, etc.

3. Mailing Address  
2012 S. Jefferson St.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
monticello FL  
Zip  
32344  
Country  
US

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monticello FL  
Zip  
32344  
Country  
US

4. FEI Number  
593756108  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
Michael A. Reichman, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
380 N. Jefferson St.

City  
monticello FL Zip Code  
32344

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)

11/15/12  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President/Secretary  
Christopher Lloyd Wilson  
1045 Old Driftwood Rd.  
monticello FL 32344

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800009109528  
11/20/02--01057--013 \*\*150.00

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CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

*Myer*

**PARKWAY HOUSING, INC.**  
**P.O. Box 627**  
**Monticello, FL 32345**  
**(850) 997-3033**

November 14, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Reinstatement of Corporate Status**

Dear Gentlemen:

I request that the reinstatement fee for our corporation be waived. The Corporation did not received the two prior UBR notices because of confusion due to the change of all county wide rural route addresses to 911 addresses which occurred this year. I am enclosing a completed application for reinstatement and a check for \$150.00 to pay the filing fee.

Thank you for your consideration of our request.

**MONTICELLO MEADOWS, INC.**

*Christopher L. Wilson*  
By: **CHRISTOPHER L. WILSON** *(CH)*  
President