

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076908

1. Entity Name

MARKHAM WOODS LAND PARTNERS, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90074 020 ***158.75

Principal Place of Business

Mailing Address

3952 HUNTER'S ISLE DRIVE
 ORLANDO FL 32837

3952 HUNTER'S ISLE DRIVE
 ORLANDO FL 32837-5815

2. Principal Place of Business

3. Mailing Address

4020 JOHN YOUNG PARKWAY
 Suite, Apt. #, etc.

4020 JOHN YOUNG PARKWAY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 ORLANDO FL

City & State
 ORLANDO FL

4. FEI Number 59-3347930

Applied For
 Not Applicable

Zip Country
 32804 USA

Zip Country
 32804 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, LORAN A
 215 NORTH EOLA DRIVE
 ORLANDO FL 32801

Name: JOHN W. MEADOWS
 Street Address (P.O. Box Number is Not Acceptable): 4020 JOHN YOUNG PARKWAY
 City: ORLANDO FL Zip Code: 32804

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: *John W. Meadows* John W. Meadows DATE: 1/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, WAYNE R 3952 HUNTER'S ISLE DRIVE ORLANDO FL 32837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADOWS, JOHN W DVM 1026 PAR STREET ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John W. Meadows* John W. Meadows Pres. 407-295-4482
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1/24/00 Daytime Phone #

CR2E034 (9/99)