

2002 UNIFORM BUSINESS REPORT (UBR)

0034441 AV

DOCUMENT # P97000088121

1. Entity Name
ROUND ROCK MEADOWS II, INC.

Principal Place of Business
950 N. ORLANDO AVE., STE. 320
WINTER PARK FL 32789

Mailing Address
P.O. BOX 4961
ORLANDO FL 32802-4961
US

FILED

02 APR 17 AM 10:48

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3475368

Applied For
Not Applicable

Zip Country

Zip Country

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA,
390 N. ORANGE AVE., STE. 1100
ORLANDO FL 32801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2002 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 D ☐ Delete
NAME PALMER, CHARLES B
STREET ADDRESS 950 N. ORLANDO AVE., STE. 320
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☒ Change ☐ Addition
NAME PALMER, CHARLES B.
STREET ADDRESS 950 N. ORLANDO AVE., SUITE 120
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D ☐ Delete
NAME BOBINCHUCK, ROBERT M
STREET ADDRESS 701 BRAZOS STREET, SUITE 900
CITY-ST-ZIP AUSTIN TX 78701

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

TITLE VPS ☐ Delete
NAME KENT, MARK
STREET ADDRESS 701 BRAZOS STREET, SUITE 900
CITY-ST-ZIP AUSTIN TX 78701

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME PRESIDENT
STREET ADDRESS PERONE, PRESTON J
CITY-ST-ZIP 950 N. ORLANDO AVE, SUITE 120
WINTER PARK, FL. 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESTON J. PERONE, PRESIDENT

Date

Daytime Phone #

2/11/02

407-628-4544

CR2E034 (9/01)