

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000062955**

1. Entity Name

**MEADOWBROOK GOLF OF GAINESVILLE, INC.****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91122 042 \*\*\*150.00

Principal Place of Business

**703 N.E. 1ST STREET  
GAINESVILLE FL 32601**

Mailing Address

**P.O. DRAWER 1589  
GAINESVILLE FL 32602**

2. Principal Place of Business

**4707 NW 53rd Ave.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**A**City & State  
**Gainesville, Fl**

City &amp; State

Zip  
**32606**Country  
**USA**

Zip

Country

4. FEI Number **59-3598571**

Applied For

Not Applicable

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

**MURPHY, MELISSA JAY  
703 N.E. 1ST STREET  
GAINESVILLE FL 32601**

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

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, 2001 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  
**PST  
MURPHY, MELISSA J  
703 NE 1ST ST  
GAINESVILLE FL 32601** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**PD  
Wallace, Howard K.  
4707 NW 53rd Ave., Ste A  
Gainesville, Fl 32606**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**VSTD  
Wallace, Anne M.  
4707 NW 53rd Ave., Ste A  
Gainesville, Fl 32606**TITLE  
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

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: Anne M. Wallace Anne M. Wallace 4/23/01 352-377-2240**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)