

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000062955**

1. Entity Name

Meadowbrook Golf of Gainesville, Inc.

DO NOT WRITE IN THIS SPACE

FILED

02 OCT 23 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4707 NW 53 Ave,

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste A

City & State

Gainesville, FL

City & 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

7. Name and Address of Current Registered Agent

Name

Melissa Jay Murphy

Street Address (P.O. Box Number is Not Acceptable)

3940 NW 16th Blvd, Bldg B

City

Gainesville

FL

Zip Code

32605

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IN THIS SPACE**

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

Melissa Jay Murphy

10-9-02

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)

☐

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
**PD
Howard K. Wallace
4707 NW 53 Ave, Ste A
Gainesville, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**900008551809
10/23/02--01095--016 **158.75**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
Anne M. Wallace
4707 NW 53 Ave, Ste A
Gainesville, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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.

Anne M. Wallace

SIGNATURE: **Anne M. Wallace, VPres.** **10/16/02 352-377-2240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #