2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90089 038 ***150.00

DOCUMENT # 262358
Entity Name
FOXGLOVE, INC.

Principal Place of Business	Mailing Address
SOUTH SURF ROAD HOLLYWOOD FL 33019	1801 SOUTH SURF ROAD HOLLYWOOD FL 33019-2400

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1026420 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~EPSTEIN, LOUIS~~
1801 SO. SURF RD
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name RICHARD RABEN
Street Address (P.O. Box Number is Not Acceptable) 2130 HOLLYWOOD BLVD
1
City HOLLYWOOD FL Zip Code 33020

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.

Richard Raben 3/2/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P SCARROW, EARL 1801 SO SURF RD HOLLYWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. A. Gomez - 1801 South Surf Rd Hollywood ☐ Change ☐ Addition
VP ~~SHAEFRAN, NORMAN~~ ~~1801 SO. SURF ROAD~~ HOLLYWOOD FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECT/TRES P. Lavat - 1801 South Surf Rd Hollywood ☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: [illegible] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #