

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90018 008 \*\*\*\*61.25

**828943**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 747925  
**1. Entity Name**  
 Foxhall at Suntree, Inc. ✓

**Principal Place of Business** 239 Country Club Dr. Melbourne, FL 32940  
**Mailing Address** 239 Country Club Dr. Melbourne, FL 32940

**2. Principal Place of Business** Suite, Apt. #, etc.  
**3. Mailing Address** Suite, Apt. #, etc.

**City & State**  
**City & State**

**Zip** **Country** **Zip** **Country**

**4. FEI Number** 59-2025614  
 Applied For  Not Applicable   
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Sabelli, Ann  
 6939 N. Wickham Rd.  
 Melbourne, FL 32940

**7. Name and Address of New Registered Agent**  
 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

<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	AL CAFARELLI	
STREET ADDRESS	226 COUNTRY CLUB DR.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ROBERT WINCHESTER	
STREET ADDRESS	222 COUNTRY CLUB DR.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	CHARLENE POWELL	
STREET ADDRESS	225 COUNTRY CLUB DR.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	ERNEST A. BALDINI	
STREET ADDRESS	245 COUNTRY CLUB DR.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ALICIA PERKUNH	
STREET ADDRESS	250 COUNTRY CLUB DR.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* ERNEST A. BALDINI  
 TREASURER  
 Date: 3-16-00 Daytime Phone #: 321-757-3094

CR2E037 (9/99)