

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90340 003 ****70.00

DOCUMENT # N20646

1. Entity Name

FOXWOOD FARMS RESIDENTS, INC.

Principal Place of Business

4500 NW BLITCHTON
 LOT # 216
 Ocala FL 34482
 US

Mailing Address

4500 NW BLITCHTON
 LOT # 216
 Ocala FL 34482
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

SCHREPFERMAN, ROBERT W
 1863 NW 45TH TERRACE
 Ocala FL 34482

Name: **Robert Schrepferman**
 Street Address (P.O. Box Number is Not Acceptable): **1863 N.W. 45th Terrace**
 City: **Ocala** FL Zip Code: **34482**

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

Robert W. Schrepferman **Robert W. Schrepferman** **2/25/2001**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD Lamping	☐ Delete
NAME	LAMPING, PAT	
STREET ADDRESS	4500 NW BLITCHTON RD LOT 216	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	☐ Delete
NAME	SCHREPFERMAN, ROBERT W	
STREET ADDRESS	1863 NW 45TH TERRAE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	VD	☐ Delete
NAME	PENZEL, LORRAINE	
STREET ADDRESS	4500 NW BLITCHTON RD LOT # 207	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	SABIN, RALPH	☐ Delete
NAME	SABIN, RALPH	
STREET ADDRESS	4500 NW BLITCHTON RD LOT 207	
CITY-ST-ZIP	OCALA FL	
TITLE	HOUSE, ROBERT	☒ Delete
NAME	HOUSE, ROBERT	
STREET ADDRESS	4760 NW 20 ST	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	☐ Delete
NAME	BROWN, PAT	
STREET ADDRESS	2005 NW 45 TERRACE	
CITY-ST-ZIP	OCALA FL 34482	

TITLE	D Fernsler, Warren	☐ Change ☒ Addition
NAME	FERNSELER, WARREN	
STREET ADDRESS	4500 NW BLITCHTON RD.	
CITY-ST-ZIP	LOT 152 Ocala FL 34482	
TITLE	SD ORTON, EDWIN	☐ Change ☒ Addition
NAME	ORTON, EDWIN	
STREET ADDRESS	4500 NW BLITCHTON RD.	
CITY-ST-ZIP	LOT 1 Ocala FL 34482	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert W. Schrepferman **Robert W. Schrepferman** **2/25/2001** **352-840-0834**

CR2E037 (10/00)