## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N20646**

1. Entity Name

FOXWOOD FARMS RESIDENTS, INC.

Principal Place of Business

2. Principal Place of Business

4500 NW BLITCHTON

LOT # 216

OCALA FL 34482 US

Mailing Address

4500 NW BLITCHTON LOT # 216

OCALA FL 34482 US

Apr 17, 2002 8:00 am Secretary of State

04-17-2002 90053 046 \*\*\*\*70.00

3. Mailing Address

186	3 KW 45 KMAD	· 1863H	W 45 W	101	vace	iii maila assii \$1419 Ails afali B\$6	T BIBLY BIBLE BIS	I(1 <b>610</b> 11 18 <b>0</b> 1	
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.	ilte, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State			4. FEI Number NOT APPLICABLE			
<u> </u>	ala, Fi	Ocala, 7	- <u></u>		N.	OI APPLICABLE	<b>3</b> N	ot Applicable	
344	82 Warlsu	34482	Country	2-7	5. Certificate of St	atus Desired	\$8.75 Ad Fee Require		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
		Name	Name						
SCHREPFERMAN, ROBERT W				=Street:Address-(P:O-Box Number is Not Acceptable)					
1863 NW 45TH TERRACE									
OCALA FL 34482				·					
OUNDATE	COTTOL		City			F-1	Zip Cod	ie	
		- 100				FL	, ,		
8. The above	e named entity submits this statement for the	e purpose of changing its re	egistered office or	registere	ed agent, or both, in	the state of Florida.			
CICNATURE	A.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				ature required when reinstating) DATE					
	•	saion Einanaina		05.00	Mala Obsal	. D			
FILE NOW: FEE IS \$61.25  9. Election Campai Trust Fund Cont				~ ΨΟ.ΟΟ May D		Make Check Payable to Department of State			
				_	Added to 1 ees	Departme	it of State	3	
10. OFFICERS AND DIRECTORS		TORS	11.	Α	I DDITIONS/CHANGE	S TO OFFICERS AND DIF	RECTORS IN	J 10	
TITLE	TD	Delete	TITLE	Tr.	vuster.	Marren	Thanna	- Addition	
NAME	LAMPING, PAT	1	NAME	.12	00 K, W.	FI OTELOTION	RI C	11/5)	
STREET ADDRESS	4500 NW BLITCHTON RD LOT 216		STREET ADDRESS		ale t	1- 214 742	vice -		
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP	02	acet	197702	-De	lete	
TITLE	PD- TD	☐ Delete	TITLE	P		^	Change	Addition	
NAME	SCHREPFERMAN, ROBERT W		NAME	OR	TOW, E	34 (	011		
STREET ADDRESS	1863 NW 45TH TERRAE		STREET ADDRESS	45	TO 1/1 LEV 2	Hinchitou	sta.r	-t/ /	
CITY-ST-ZIP	OCALA FL 34482		CITY-ST-ZIP	00	ala, Fl	- 3448			
TITLE -	W 10	☐ Delete	TITLE	VD		211	Change	☐ Addition	
NAME	PENZEL, LORRAINE		NAME	FU	rneist	u, three	D I.		
STREET ADDRESS	4500 NW BLITCHTON RD LOT # 207		STREET ADDRESS	450	20 H.W.	2 STICETION	MATTER STATE	26	
CITY-ST-ZIP	OCALA FL 34482	<del></del>	CITY-ST-ZIP	00	ala it	1.3448	<u>. Z</u>	_	
TITLE	O SARIN DALBU	Delete	TITLE	SI	2	D. Land	Change	☐ Addition	
NAME CORRECT APPROPRIE	SABIN, RALPH 4500 NW BLITCHTON RD LOT 207	<i>/</i> (	NAME	70	old of	10 Dieg	RI	1517	
STREET ADDRESS CITY-ST-ZIP	OCALA FL		STREET ADDRESS CITY-ST-ZIP	450	oo uu u	Juculose	-3100,0	~U / 16	
	D			00	ala,	FC1 34	102		
TITLE	FERNSLER, WARREN	Delete	TITLE	R		Karen	Change	☐ Addition	
NAME STREET ADDRESS	4500 NW BLICHTON RD LOT #152	•	NAME STREET ADDRESS	Y&	344110	1427 35	_		
CITY-ST-ZIP	OCALA FL 34482		CITY-ST-ZIP	7.	STAT W	19 th 31		,	
	D			06	aca 17	2 344	-0 <u>/</u>		
TITLE NAME	BROWN, PAT	☐ Delete	TITLE				Change	☐ Addition	
STREET ADDRESS	2005 NW 45 TERRACE		NAME STREET ADDRESS						
CITY-ST-7IP	OCALA EL 34482		CITY_ST_7ID					}	

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 attachme

**SIGNATURE:**