

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90026 014 ****70.00

DOCUMENT # N20646

1. Entity Name

FOXWOOD FARMS RESIDENTS, INC.



Principal Place of Business

1863 NW 45TH TERRACE
OCALA FL 34482
US

Mailing Address

1863 NW 45TH TERRACE
OCALA FL 34482
US

2. Principal Place of Business

4500 N.W. Blitchton Rd.
Suite, Apt. #, etc. #38
Ocala, Fl.

3. Mailing Address

4500 N.W. Blitchton Rd.
Suite, Apt. #, etc. #38
Ocala, Fl.

City & State

3

City & State

3

Zip

34482

Country

Marion

Zip

34482

Country

Marion



☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name Alice L. Furneisen
Street Address (P.O. Box Number is Not Acceptable)
4500 N.W. Blitchton Rd #38
Ocala, Fl. 34482
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Alice L. Furneisen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-15-03

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	☒ Delete
NAME	FERNSTER, WARREN	
STREET ADDRESS	4500 N.W. BLITCHTOWN RD LOT 152	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	TD	☒ Delete
NAME	SCHREPFERMAN, ROBERT W.	
STREET ADDRESS	1863 NW 45TH TERRAE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	☒ Delete
NAME	PENZEL, LORRAINE	
STREET ADDRESS	4500 NW BLITCHTON RD LOT # 207	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	☒ Delete
NAME	VASSALLO, KATHY	
STREET ADDRESS	4834 NW 19TH ST	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	SD	☒ Delete
NAME	BOLDER, DOROTHY	
STREET ADDRESS	4500 NW BLITCHTOWN RD UNIT 176	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	☐ Delete
NAME	BROWN, PAT	
STREET ADDRESS	2005 NW 45 TERRACE	
CITY-ST-ZIP	OCALA FL 34482	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	☒ Change ☐ Addition
NAME	Alice L. Furneisen	
STREET ADDRESS	4500 N.W. Blitchton Rd #38	
CITY-ST-ZIP	Ocala, Fl. 34482	
TITLE	SD	☒ Change ☐ Addition
NAME	Carolyn Jeannotte	
STREET ADDRESS	4500 N.W. Blitchton Rd #305	
CITY-ST-ZIP	Ocala, Fl. 34482	
TITLE	D	☒ Change ☐ Addition
NAME	Bud Salin	
STREET ADDRESS	4500 N.W. Blitchton Rd. #207	
CITY-ST-ZIP	Ocala, Fl. 34482	
TITLE	D	☒ Change ☐ Addition
NAME	Paul Lamm	
STREET ADDRESS	4500 N.W. Blitchton Rd #55	
CITY-ST-ZIP	Ocala, Fl. 34482	
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:

Alice L. Furneisen

7-15-03 (352)
629-4265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (4/03)