

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90165 034 \*\*\*150.00

**DOCUMENT # P96000065718**

1. Entity Name  
**FOXPOINT MORTGAGE, INC.**

Principal Place of Business 5581 S FEDERAL HWY STUART FL 34997 US	Mailing Address 5581 S FEDERAL HWY STUART FL 34997-6641 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 703 LUCERNE AVE Suite, Apt. #, etc. #201 City & State LAKE WORTH, FL Zip 33460 Country USA	3. Mailing Address 703 Lucerne Ave Suite, Apt. #, etc. #201 City & State Lake Worth, FL Zip 33460 Country USA
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4. FEI Number 65-0686208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ACKER, DONALD A**  
**5581 S FEDERAL HWY**  
**STUART FL 34997**

7. Name and Address of New Registered Agent  
 Name: **William H. Luckman**  
 Street Address (P.O. Box Number is Not Acceptable): **703 Lucerne Ave #201**  
 City: **LAKE WORTH** FL Zip Code: **33460**

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]* DATE: **3/29/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. 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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POTS ACKER, DONALD A 5581 S FEDERAL HWY STUART FL 34997 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POTS WILLIAM H. LUCKMAN <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 703 LUCERNE AVE #201 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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: *[Signature]* **W. H. Luckman** DATE: **3/29/00** DAYTIME PHONE #: **561-540-5886**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)