

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90127 048 ***550.00

DOCUMENT # 547224

1. Entity Name

FRANKLIN H. FOX CO., INC.

Principal Place of Business

165 PERUVIAN AVE.
 PALM BEACH FL 33480

Mailing Address

165 PERUVIAN AVE.
 PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1783223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FOX, FRANKLIN H.
 165 PERUVIAN AVE.
 PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Stuart Albrecht

Street Address (P.O. Box Number is Not Acceptable)

410 Fox

165 PERUVIAN AVE

City

Palm Beach

FL

Zip Code

33480

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

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

(NOTE: Registered Agent signature required when reinstating)

7/11/02

DATE

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 \$550.00

After September 13, 2002 Fee will be \$750.00
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 PD
 NAME ALBRECHT, STUART
 STREET ADDRESS 31 STRATTON RD.
 CITY-ST-ZIP SCARSDALE, NY. ☐ Delete

TITLE T
 NAME ALBRECHT, PRISCILLA
 STREET ADDRESS 31 STRATTON RD.
 CITY-ST-ZIP SCARSDALE, NY. ☐ Delete

TITLE S
 NAME GERSCHEL, ELIZABETH
 STREET ADDRESS 1107 FIFTH AVE.
 CITY-ST-ZIP NEW YORK, NY. ☐ Delete

TITLE VP
 NAME WILLIAMS, WENDY
 STREET ADDRESS 8200 BEACHTREE RD.
 CITY-ST-ZIP BETHESDA, NY. ☐ Delete

TITLE D
 NAME FOX, LEONORE
 STREET ADDRESS 165 PERUVIAN AVE.
 CITY-ST-ZIP PALM BEACH FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/02

904 907 9975

CR2E034 (4/02)