

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 559521

1. Entity Name:
FOXX FARMS, INC.

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

06-06-2001 90002 026 ***550.00

Principal Place of Business
16112 NW COUNTY RD 231
GAINESVILLE FL 32609

Mailing Address
16112 NW COUNTY RD 231
GAINESVILLE FL 32609

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 **59-1882550**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HART, JAMES W.
16714 NE 10 ST
GAINESVILLE FL 32609

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 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 **D** ☒ Delete
 NAME **FOX, F LEON**
 STREET ADDRESS **6817 N W 65TH AVENUE**
 CITY-ST-ZIP **GAINESVILLE, FL 00000**

TITLE **D** ☒ Delete
 NAME **MERCER, LEON**
 STREET ADDRESS **RT 3 BOX 28 P**
 CITY-ST-ZIP **HAWTHORNE FL**

TITLE **SD** ☐ Delete
 NAME **LONG, ELMER O**
 STREET ADDRESS **16112 NW COUNTY RD 231**
 CITY-ST-ZIP **GAINESVILLE FL 32609-4054**

TITLE **PD** ☐ Delete
 NAME **HART, JAMES W**
 STREET ADDRESS **16714 NE 10 ST.**
 CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **S/I/F/D** ☒ Change ☐ Addition
 NAME **LONG ELMER O.**
 STREET ADDRESS **16112 NW CO. RD. #231**
 CITY-ST-ZIP **GAINESVILLE FL 32609 4054**

TITLE **P/I/F/D** ☒ Change ☐ Addition
 NAME **JAMES W. HART**
 STREET ADDRESS **16714 NE 10TH STREET**
 CITY-ST-ZIP **GAINESVILLE FL 32609 4054**

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

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

13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that none of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elmer O Long **ELMER O. LONG Secretary, Treasurer and Director** **352 485-1326**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (SEE INSTRUCTIONS) DATE **6/4/2001** Daytime Phone #

CR2E034 (10/00)