

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90008 013 ***150.00

DOCUMENT # 5741148

1. Entity Name

FOXWOOD LAKE III, INC.



Principal Place of Business

Mailing Address

2587 SIGMA CT.
 ORANGE PARK, FL. 32073
 USA

2587 SIGMA CT.
 ORANGE PARK, FL.
 32073
 USA

A0035138

2. Principal Place of Business

3. Mailing Address

2587 SIGMA CT.

2587 SIGMA CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORANGE PARK, FL.

City & State

ORANGE PARK, FL.

4. FEI Number

59-2877921

Applied For

Not Applicable

Zip

32073

Country

U.S.A

Zip

32073

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
 NAME EBERHARDT, DALE
 STREET ADDRESS 2587 SIGMA CT.
 CITY-ST-ZIP ORANGE PARK, FL. 32073

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Dale C. Eberhardt DALE C. EBERHARDT

Date

Daytime Phone #

3/9/01 904 264-5609

CR2E034 (11/00)