

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739816

1. Entity Name

FOXTRIDGE HOMEOWNERS AND CIVIC ASSOCIATION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90033 010 ****61.25

Principal Place of Business

P O BOX 52
ORANGE PARK FL 32067-7052

Mailing Address

P O BOX 52
ORANGE PARK FL 32067-0052

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2575310**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WADE, M. BURT
772 FOXTRIDGE CTR DRIVE
SUITE 142
ORANGE PARK FL 32065

7. Name and Address of New Registered Agent

Name **WADE, M. Burt**
Street Address (P.O. Box Number is Not Acceptable)
2570 Bottomridge Dr
City **Orange Park** FL Zip Code **32065**

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MCCRORK, JOHN**
STREET ADDRESS **677 RIDGESTONE CT.**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **TD** ☐ Delete
NAME **GERMANN, THOMAS**
STREET ADDRESS **957 MARBLERIDGE DR.**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **SD** ☐ Delete
NAME **MELTON, DIANE**
STREET ADDRESS **945 CEDAR RIDGE CT**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **V** ☐ Delete
NAME **HILL, RANDI**
STREET ADDRESS **2589 CATAWBA RIDGE CT**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS R. GERMANN

MARCH 5, 2000 (904) 276-2519

Date

Daytime Phone #

CR2E037 (9/99)