

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 765910**

1. Entity Name

**FOX GLEN HOMEOWNERS' ASSOCIATION, INC.**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90040 003 \*\*\*\*61.25

Principal Place of Business <b>1000 SHARER CT TALLAHASSEE FL 32312 US</b>	Mailing Address <b>P.O. BOX 7535 TALLAHASSEE FL 32314-7535 US</b>
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DO NOT WRITE IN THIS SPACE

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 <b>26-1503436</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**QUICK, BETTY S.  
313 HILLIARDVILLE RD  
CRAWFORDVILLE FL 32327**

**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 \_\_\_\_\_ (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 <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>QUICK, BETTY S</b>	
STREET ADDRESS <b>313 HILARDVILLE</b>	
CITY-ST-ZIP <b>CRAWFORVILLE FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>SOLOMON, RICHARD</b>	
STREET ADDRESS <b>2070 SOLOMON COURT</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>GRAVIUS, CONNIE</b>	
STREET ADDRESS <b>1925 WILLOW RUN DRIVE</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL 32308</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>MYER, CHRIS</b>	
STREET ADDRESS <b>1000 SHARER CT. #71</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL 32312</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** *April 9, 2000* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)