

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90017 019 \*\*\*\*70.00

DOCUMENT # 705910  
1. Entity Name Fox Glenn Homeowner Ass.

**DO NOT WRITE IN THIS SPACE**

29543

2. Principal Place of Business <u>3001 Fenwick Ct E</u> Suite, Apt. #, etc.		3. Mailing Address <u>3001 Fenwick Ct E</u> Suite, Apt. #, etc.	
City & State <u>Tall, FL</u>	City & State <u>Tall, FL</u>	4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32309</u>	Country <u>USA</u>	Zip <u>32309</u>	Country <u>USA</u>

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7. Name and Address of Current Registered Agent  
Name Connie M. Gravius  
Street Address (P.O. Box Number is Not Acceptable)  
3001 Fenwick Ct E  
City Tall State FL Zip Code 32309

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IN THIS SPACE**

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 Connie M. Gravius Connie M. Gravius Feb 26, 2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Connie M Gravius</u> <u>3001 Fenwick Ct E</u> <u>Tallahassee, FL 32309</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Roberta Burton</u> <u>1000 SHARER CT</u> <u>Tall, FL 32312</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Connie Gravius</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Curtis Tyre P.O. Box 3874</u> <u>Tall, FL 32315</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.  
SIGNATURE: Connie M. Gravius Connie M. Gravius 2/23/02 668-7747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)