

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A06073**

1. Entity Name

**FOXWOOD APARTMENTS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05

Principal Place of Business

P O BOX 12478  
PANAMA CITY FL 32401

Mailing Address

24 HARRISON AVE.  
PANAMA CITY FL 32401-2748



2. Principal Place of Business

3. Mailing Address

P.O. Box 1669

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Panama City, FL

Zip

Country

Zip

Country

32402

4. FEI Number 59-1969831

Applied For

Not Applicable

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

SITTMAN, MARY K.  
429 S. PALO AVE.  
PANAMA CITY FL 32401

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. Capital Contributions  
as Shown on record.

\$400.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # S21666  
NAME FOXWOOD MANOR APARTMENTS  
STREET ADDRESS 24 HARRISON AVE.  
CITY-ST-ZIP PANAMA CITY FL

STREET ADDRESS

CITY-ST-ZIP

200003264152-2  
-05/23/00--01111--019  
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-25-00

Date

850785-7259

Daytime Phone #

CR2 E003 (9/99)