

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000127

1. Entity Name

FOX FIRE PROPERTIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 AM 10:17

Principal Place of Business

PO BOX 9
PORT ST. JOE FL 32457

Mailing Address

PO BOX 9
PORT ST. JOE FL 32457-0009

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

59-3167297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARR, HARRY E
7044 LEEWARD
PORT ST. JOE FL 32456

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.

\$10,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

4,045,854.92

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 #
NAME: BARR, HARRY E
STREET ADDRESS: P.O. BOX 9
CITY - ST - ZIP: PORT ST. JOE FL 32457

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME: BARR, ROINA
STREET ADDRESS: P.O. BOX 9
CITY - ST - ZIP: PORT ST. JOE FL 32457

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME: DAVIS, KIMBERLY J
STREET ADDRESS: 7460 N.E. 55TH AVENUE
CITY - ST - ZIP: HIGH SPRINGS FL 32643

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME: BARR, H. MATTISON
STREET ADDRESS: 1685 N.W. 71ST STREET
CITY - ST - ZIP: GAINESVILLE FL 32605

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

STREET ADDRESS

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 REQUIRED
HARRY E. BARR

2/11/2000

850 229-6602

Date

Daytime Phone #

CR2E003 (9/99)