

2001 UNIFORM BUSINESS REPORT (UBR)

0012667 AF

DOCUMENT # A93000000127

1. Entity Name

FOX FIRE PROPERTIES, LTD.

Principal Place of Business

PO BOX 9
PORT ST. JOE FL 32457

Mailing Address

PO BOX 9
PORT ST. JOE FL 32457

FILED
01 APR 12 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

59-3167297

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

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.

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
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CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

ROINA B. BARR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/01

Date

850 229-6602

Daytime Phone #

CR2E003 (11/00)