

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

000622
AT

DOCUMENT # A93000000127

1. Entity Name

FOX FIRE PROPERTIES, LTD.

02 APR 10 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
PO BOX 9
PORT ST. JOE FL 32457

Mailing Address
PO BOX 9
PORT ST. JOE FL 32457



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number 59-3167297
Applied For
Not Applicable

Zip Country

Zip Country

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.

DATE \$526.25

9. Capital Contributions as Shown on record. \$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 3,412,000.00

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 700005258417--7
-04/12/02-01091-022

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

STREET ADDRESS
CITY-ST-ZIP *****526.25 *****526.25

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

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/14/02 850-229-6602
Date Daytime Phone #

CR2E003 (9/01)