

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000127

1. Entity Name
FOX FIRE PROPERTIES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR -9 PM 12:32

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.

City & State

City & State

DUE BY MAY 1, 2003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

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

10. Amount of Capital Contributions in FLORIDA to date. 3,160,000.00

11. MAKE CHECK PAYABLE TO FL. 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 STREET ADDRESS CITY-ST-ZIP	BARR, HARRY E P.O. BOX 9 PORT ST. JOE FL 32457	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BARR, ROINA P.O. BOX 9 PORT ST. JOE FL 32457	STREET ADDRESS CITY-ST-ZIP	100015544671 04/09/03--01014--004 **526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DAVIS, KIMBERLY J 7460 N.E. 55TH AVENUE HIGH SPRINGS FL 32643	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BARR, H. MATTISON 1685 N.W. 71ST STREET GAINESVILLE FL 32605	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: H. E. BARR REQUIRED

April 5, 2003

850 229-6602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)