

2000 UNIFORM BUSINESS REPORT (UBR)

00013711 / M

DOCUMENT # A96000002297

1. Entity Name
WHITELARK AT FOX GLEN, LTD.

FILED

00 MAR 23 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
257 PLAZA DRIVE, UNIT D
OVIEDO FL 32765

Mailing Address
257 PLAZA DRIVE, UNIT D
OVIEDO FL 32765-6457

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3413640**

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

CLARK, SCOTT D
369 N. NEW YORK AVE., SUITE 300
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,000.00**

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	
DOCUMENT #	P96000100398
NAME	FOX GLEN MANAGEMENT CORPORATION
STREET ADDRESS	257 PLAZA DRIVE, UNIT D
CITY - ST - ZIP	OVIEDO FL 32765
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	141.25
CITY - ST - ZIP	8.75
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	000003199430-4
CITY - ST - ZIP	-04/07/00--01015--013
	****300.00 ****150.00
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	dec

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Kenneth L. White* **REQUIRE** *Prindell* Date: *3/20/00* Daytime Phone #: *407-366-9668*

CR2E003 (9/99)