

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001366 AF

DOCUMENT # **A96000002297**

1. Entity Name

**WHITEMARK AT FOX GLEN, LTD.**

Principal Place of Business

**257 PLAZA DRIVE, UNIT D  
OVIEDO FL 32765**

Mailing Address

**257 PLAZA DRIVE, UNIT D  
OVIEDO FL 32765**

**FILED**

**01 MAR 22 AM 9:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1050 S. Central Ave**

3. Mailing Address

**1050 S. Central Ave**

Suite, Apt. #, etc.

**1000**

Suite, Apt. #, etc.

**1000**

City & State

**OVIEDO FL**

City & State

**OVIEDO, FL**

Zip

Country

**32765 USA**

Zip

Country

**32765 USA**

4. FEI Number

**59-3413640**

Applied For

Not Applicable

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

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.

**\$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 #  
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Kenneth L White 3-9-01**

Date

Daytime Phone #

**407-366-9608**

CR2E003 (11/00)