

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002297

1. Entity Name
WHITEMARK AT FOX GLEN, LTD.



FILED

2003 AUG 22 AM 10:55

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
650 S. CENTRAL AVE., #1000
OVIEDO FL 32765

Mailing Address
650 S. CENTRAL AVE., #1000
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

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

7. Name and Address of New Registered Agent

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

Name
Clark Scott D.
Street Address (P.O. Box Number is Not Acceptable)
655 W. Morse Blvd., Suite 212
City
Winter Park FL Zip Code
32789

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

8/6/03

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

10. Amount of Capital Contributions in FLORIDA to date.

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

STREET ADDRESS 650 S. Central Ave., #1000
CITY-ST-ZIP Oviedo, FL 32765

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
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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

7/1/03
Date

407-366-9668
Daytime Phone #

CR2E003 (10/02)

0007984 AT

STAPLE CHECK HERE