

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003932

1. Entity Name

THE ALLEN AND SUZAN FOX FAMILY FOUNDATION CORPORA

Principal Place of Business

173 COMMODORE DRIVE
JUPITER FL 33477

Mailing Address

173 COMMODORE DRIVE
JUPITER FL 33477

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0483479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOX, ALLEN K
173 COMMODORE DRIVE
JUPITER FL 33477

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FOX, ALLEN K
STREET ADDRESS 173 COMMODORE DRIVE
CITY-ST-ZIP JUPITER FL

TITLE TD ☐ Delete
NAME FOX, ALLEN K
STREET ADDRESS 173 COMMODORE DRIVE
CITY-ST-ZIP JUPITER FL

TITLE SD ☐ Delete
NAME FOX, SUZAN Y
STREET ADDRESS 173 COMMODORE DRIVE
CITY-ST-ZIP JUPITER FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: *Allen K. Fox*

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90129 015 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)