

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**  
 09-14-2000 90014 050 \*\*\*550.00

**DOCUMENT # F95000004981**

1. Entity Name  
**FOX RIDGE FARM, INC.**

Principal Place of Business  
 485 UNDERHILL BLVD #205  
 SYOSSET NY 11791-3419

Mailing Address  
 485 UNDERHILL BLVD #205  
 SYOSSET NY 11791-3419

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3139930**

Applied For  
 Not Applicable

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

**KELLY, PATRICK J**  
**1391 LENAPE DR**  
**MIAMI SPRINGS FL 33166**

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00 -**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P**  
**SCHIFF, PETER G**  
**485 UNDERHILL BLVD #205**  
**SYOSSET NY 11791-3419**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S**  
**KELLER, MARC**  
**% DELPHI ASSET MANAGEMENT, 485 MADISON AVE**  
**NEW YORK NY 10022**

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TITLE  
 NAME  
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 CITY-ST-ZIP  
**KELLER, MARC**  
**40 WHITEHALL ASSET MANAGEMENT 320 PARK AVE**  
**NEW YORK NEW YORK 10022**  
☒ Change ☐ Addition

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #