

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90161 045 ***150.00

DOCUMENT # H09768

1. Entity Name

REAGAN H. FOX III, INC.

Principal Place of Business

Mailing Address

ROUTE 5, BOX 262
 WOODCREEK ROAD
 PERRY FL 32347

ROUTE 5, BOX 262
 WOODCREEK ROAD
 PERRY FL 32347-9326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

120 Maddox Rd.

3. Mailing Address

2549 Woods Creek Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Perry, FL

City & State

Perry, FL

4. FEI Number

59-2417075

Applied For

Not Applicable

Zip

32347

Country

Taylor

Zip

32347

Country

Taylor

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

FOX, REAGAN H., III
 ROUTE 5, BOX 262
 WOODCREEK ROAD
 PERRY FL 32347

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PTD
 NAME FOX, REAGAN H., III
 STREET ADDRESS RT 5, BOX 262
 CITY-ST-ZIP PERRY FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VSD
 NAME FOX, CAROLYN T.
 STREET ADDRESS RT 5, BOX 262
 CITY-ST-ZIP PERRY FL

☐ Delete

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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: *Caroline T. Fox*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-00 850584-9229
 Date Daytime Phone #

CR2E034 (9/99)