

# 2000 UNIFORM BUSINESS REPORT (UBR)

091100

DOCUMENT # **LAH 000000606**

1. Entity Name

**Foxcorp, LC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 12 AM 10:02

Principal Place of Business

Mailing Address

**1001 Riverside Dr  
Mays Landing, NJ  
08330**

**SAME**

2. Principal Place of Business

3. Mailing Address

**1001 Riverside Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Mays Landing NJ**

**SAME**

Zip

Country

Zip

Country

**08330**

**USA**

4. FEI Number

**65-0533118**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAME**

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 \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**JACK E. Fox, managing member  
1001 Riverside Dr  
Mays Landing, NJ 08330**

☐ Change

☐ Addition

**Marcia A Fox  
manager  
1001 Riverside Dr  
Mays Landing NJ 08330**

☐ Change

☐ Addition

**200003398822--9  
-09/20/00--01022--004**

**\*\*\*\*\*50.00**

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

**August 20, 2000 609  
909-1957**

CR2E083 (11/99)