

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M73922**

1. Entity Name

FOXWOOD COUNTRY CLUB OF CRESTVIEW, INC.**FILED****Feb 08, 2001 8:00 am**
Secretary of State

02-08-2001 90043 049 ***150.00

Principal Place of Business

**4927 ANTIOCH RD.
CRESTVIEW FL 32536**

Mailing Address

**4927 ANTIOCH RD.
CRESTVIEW FL 32536**

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 **59-2886880**

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

**BARNHILL, WILLIAM A
501 N. FERDON BOULEVARD
CRESTVIEW FL 32536**

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, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	BROCK, HURDIS	
STREET ADDRESS	306 ADAMS DR	
CITY-ST-ZIP	CRESTVIEW FL	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barnhill, Roselle	
STREET ADDRESS	5723 Blackjack Plantation Rd.	
CITY-ST-ZIP	Baker, FL 32531	

TITLE	STD	<input type="checkbox"/> Delete
NAME	JOHNSON, CAROL B.	
STREET ADDRESS	5 PANDORA DR	
CITY-ST-ZIP	CRESTVIEW FL	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hanna, William	
STREET ADDRESS	308 Country Club Dr.	
CITY-ST-ZIP	Crestview, FL 32536	

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARNHILL, WILLIAM A.	
STREET ADDRESS	5847 BUCK WARD RD	
CITY-ST-ZIP	BAKER FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	HESTER, JUNIOR	
STREET ADDRESS	WILDER RD	
CITY-ST-ZIP	NICEVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William A. Barnhill **WILLIAM A. BARNHILL** 2/6/01 850-682-6199

CR2E034 (10/00)