

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001191

1. Entity Name

FOXHILL MANAGEMENT, L.L.C.

FILED

00 JAN 13 AM 8: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

% FOXHILL GROWTH & TECHNOLOGY FUND LP
30400 FAIRWAY DRIVE
WESLEY CHAPEL FL 33543

Mailing Address

% FOXHILL GROWTH & TECHNOLOGY FUND LP
30400 FAIRWAY DRIVE
WESLEY CHAPEL FL 33543-4438

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

59-3585970

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM VAN ELSWYK, JAMES ☐ Delete
STREET ADDRESS 29254 BAY HOLLOW DRIVE #3265
CITY- ST- ZIP WESLEY CHAPEL FL 33543

TITLE NAME MGRM VAN ELSWYK, KATHLEEN ☐ Delete
STREET ADDRESS 29254 BAY HOLLOW DRIVE #3265
CITY- ST- ZIP WESLEY CHAPEL FL 33543

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE NAME MGRM VAN ELSWYK, JAMES ☒ Change ☐ Addition
STREET ADDRESS 30400 Fairway Drive
CITY- ST- ZIP Wesley Chapel FL 33543

TITLE NAME MGRM VAN ELSWYK, KATHLEEN ☒ Change ☐ Addition
STREET ADDRESS 30400 Fairway Drive
CITY- ST- ZIP Wesley Chapel FL 33543

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

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:

Kathleen Van Elswyk

1/7/2000 813-994-8837

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

Date Daytime Phone #