

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008152

1. Entity Name

FOX PRO FOUNDATION, INC.

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90779 044 ****61.25

0001826

Principal Place of Business

Mailing Address

2155 WOOD ST. B 4
SARASOTA FL 34237

2155 WOOD ST. B 4
SARASOTA FL 34237

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

27-0006823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FETTERMAN, JAMES C
4521 BEE RIDGE RD., SUITE A
SARASOTA FL 34233

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME THEISEN, PETE
STREET ADDRESS 2155 WOOD ST. B 4
CITY-ST-ZIP SARASOTA FL 34237 ☐ Delete

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

TITLE VD
NAME KING, BARBARA
STREET ADDRESS 22 EAGLES NEST
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Delete

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

TITLE SD
NAME BREHENY, RICHARD F
STREET ADDRESS 11713 PHOENIX CIR.
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

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

TITLE TD
NAME JONES, RICHARD
STREET ADDRESS 7220 CENTERHILL DR.
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

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

TITLE D
NAME ALTON, ARTHUR
STREET ADDRESS 13706 WILKES DR.
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pete Theisen **REQUIRE** Pete Theisen 4-2-2 9413659439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)