

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008152

FILED
Feb 11, 2003
Secretary of State

Entity Name: FOX PRO FOUNDATION, INC.

Current Principal Place of Business:

2155 WOOD ST. B 4
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2155 WOOD ST. B 4
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 27-0006823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THEISEN, PETE
Address: 2155 WOOD ST. B 4
City-St-Zip: SARASOTA, FL 34237

Title: VD () Delete
Name: KING, BARBARA
Address: 22 EAGLES NEST
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD (X) Delete
Name: BREHENY, RICHARD F
Address: 11713 PHOENIX CIR.
City-St-Zip: TAMPA, FL 33618

Title: TD () Delete
Name: JONES, RICHARD
Address: 7220 CENTERHILL DR.
City-St-Zip: LAKE LAND, FL 33809

Title: D () Delete
Name: ALTON, ARTHUR
Address: 13706 WILKES DR.
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: THEISEN, PETE
Address: 2155 WOOD ST. B 4
City-St-Zip: SARASOTA, FL 34237

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETE THEISEN

PDS

02/11/2003

Electronic Signature of Signing Officer or Director

Date