

STO

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02478

1. Entity Name

FOXMOOR OF FOXFIRE CONDOMINIUM IV ASSOCIATION, I

FILED

Mar 13, 2000 8:00 am  
Secretary of State

03-13-2000 90031 023 \*\*\*\*61.25

Principal Place of Business

1100 5TH AVE. S.  
SUITE 201  
NAPLES FL 33940  
US

Mailing Address

1100 5TH AVE. S.  
SUITE 201  
NAPLES FL 34102-6407  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-2460175

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBERT HALL & ASSOCIATES INC.  
1100 5TH AVE. S., SUITE 201  
NAPLES FL 33994

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ENGLISH, ARTHUR	
STREET ADDRESS	1075 FOXFIRE LANE #306	
CITY-ST-ZIP	NAPLES FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN HOGG	
STREET ADDRESS	1075 FOXFIRE LN. #102	
CITY-ST-ZIP	NAPLES, FL 34104	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COSGROVE, WILLIAM	
STREET ADDRESS	1075 FOXFIRE LANE, #309	
CITY-ST-ZIP	NAPLES FL	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL CONNOR	
STREET ADDRESS	1075 FOXFIRE LN #302	
CITY-ST-ZIP	NAPLES, FL 34104	

TITLE	SD	<input type="checkbox"/> Delete
NAME	DOUGLAS, DOROTHY	
STREET ADDRESS	1075 FOXFIRE LN #107	
CITY-ST-ZIP	NAPLES FL 34101	

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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KLUSENDORF, JAMES	
STREET ADDRESS	1075 FOXFIRE LN #303	
CITY-ST-ZIP	NAPLES FL 34101	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MAHER, MARGARET	
STREET ADDRESS	1075 FOXFIRE LANE, #106	
CITY-ST-ZIP	NAPLES 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		

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:

ARTHUR P. ENGLISH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

2/9/00  
Date9416436144  
Daytime Phone #

CR2E037 (9/99)