

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02669

1. Entity Name

FOXGREEN MANOR HOMEOWNERS ASSOCIATION, INC.

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90125 010 ****61.25

Principal Place of Business

Mailing Address

3079 FINSTERWAL DR
C/O JAMES R BAUER
TITUSVILLE FL 32780

3079 FINSTERWALD DR
C/O JAMES R. BAUER
TITUSVILLE FL 32780

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

59-2446827

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

BAUER, JAMES R
3079 FINSTERWALD DR
TITUSVILLE FL 32780

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
NAME TS
STREET ADDRESS BAUER, JAMES R
CITY-ST-ZIP 3079 FINSTERWALD DR
TITUSVILLE FL 32780 ☐ Delete

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

TITLE
NAME P
STREET ADDRESS LUPO, DONALD M.
CITY-ST-ZIP 17 W 232 OLD TAVERN RD
OAKBROOK IL 60521 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS LUPO, SANDRA
CITY-ST-ZIP 17 W 232 OLD TAVERN RD
OAKBROOK IL 60521 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS LUPO, JOHN
CITY-ST-ZIP 1007 BRAEMOOR
DOWNERS GROVE IL 60515 ☐ 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

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: JAMES BAUER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/01

(221) 267-6258

CR2E037 (10/00)