## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 26, 2001 8:00 am Secretary of State DOCUMENT # NO2669 1. Entity Name FOXGREEN MANOR HOMEOWNERS ASSOCIATION, INC. 01-26-2001 90125 010 \*\*\*\*61.25 Principal Place of Business Mailing Address 3079 FINSTERWAL DR 3079 FINSTERWALD DR C/OJAMES R BAUER C/OJAMES R. BAUER LEEUVV TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2446827 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAUER, JAMES R Street Address (P.O. Box Number is Not Acceptable) 3079 FINSTERWALD DR TITUSVILLE FL 32780 Zip Code FL 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 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to **FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TS ☐ Delete TITLE ☐ Change ☐ Addition NAME BAUER, JAMES R NAME STREET ADDRESS 3079 FINSTERWALD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 TITLE ☐ Delete TITLE ☐ Change Addition LUPO, DONALD M. NAME NAME STREET ADDRESS 17 W 232 OLD TAVERN RD STREET ADDRESS CITY-ST-7IP OAKBROOK IL 60521 CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change Addition NAME LUPO, SANDRA NAME STREET ADDRESS -17-W-232-OLD-TAVERN-RD----STREET ADDRESS CITY-ST-ZIP OAKBROOK IL 60521 CITY-ST-ZIP TITLE D ☐ Defete TITLE ☐ Change ☐ Addition NAME LUPO, JOHN NAME STREET ADDRESS 1007 BRAEMOOR STREET ADDRESS CITY-ST-7IP **DOWNERS GROVE IL 60515** CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED**