NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

05 SEP 26 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name
N 11465
LENOX MASTER ASSOC, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1731 NW 6 St	P.O. Box 14506
Suite, Apt. #, etc. A	Suite, Apt. #, etc.
City & State GAINESVILLE FL	City & State GAINESVILLE FL
Zip 32609 Country USA	Zip 32609 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2642724 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ed Baur Management, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1731 NW 6th Street

City: Gainesville FL Zip Code: 32609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: S. Hash 9/16/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Sarah Daly
STREET ADDRESS	920 NW 41st Drive
CITY-ST-ZIP	Gainesville, FL 32605
TITLE	Treasurer
NAME	Dick Sutton
STREET ADDRESS	1030 NW 41st Drive
CITY-ST-ZIP	Gainesville, FL 32605
TITLE	Secretary
NAME	Cynthia Stehouwer
STREET ADDRESS	914 NW 42nd Terrace
CITY-ST-ZIP	Gainesville, FL 32605
TITLE	Director
NAME	Alicia Patchen
STREET ADDRESS	1002 NW 42nd Drive
CITY-ST-ZIP	Gainesville, FL 32605
TITLE	Director
NAME	[redacted] Mary Ellen Bentham
STREET ADDRESS	927 NW 42nd Terrace
CITY-ST-ZIP	Gainesville, FL 32605
TITLE	Director
NAME	Bill Redon Fels
STREET ADDRESS	829 NW 42nd Terrace
CITY-ST-ZIP	Gainesville, FL 32605

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sarah M. Daly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KOS 9/26