

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90055 001 \*\*\*\*61.25

**DOCUMENT # N28381**

1. Entity Name

**FOX CHASE NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

17828 GREY BROOKE DR  
 TAMPA FL 33647  
 US

17828 GREY BROOKE DR  
 TAMPA FL 33647-2201  
 US

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

**59-3015185**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WALTER, HOOD J**  
**17822 GREY BROOKE DR.**  
**TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name

**Claassen, Dolores S.**

Street Address (P.O. Box Number is Not Acceptable)

**17828 Grey Brooke Drive**

City

**Tampa**

**FL**

Zip Code

**33647**

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

*Dolores S. Claassen*

**Dolores S. Claassen, President**

**1/4/00**

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

TITLE: PD  
 NAME: **CLAASSEN, DOLORES S**  Delete  
 STREET ADDRESS: **17828 GREY BROOKE DRIVE**  
 CITY-ST-ZIP: **TAMPA FL**

TITLE: SD  
 NAME: **OXLEY, JANET**  Delete  
 STREET ADDRESS: **9108 CANBERLEY DR.**  
 CITY-ST-ZIP: **TAMPA FL**

TITLE: TD  
 NAME: **WALTER, HOOD J**  Delete  
 STREET ADDRESS: **17822 GREY BROOKE DR.**  
 CITY-ST-ZIP: **TAMPA FL**

TITLE: VD  
 NAME: **STEEL, WILLIAM**  Delete  
 STREET ADDRESS: **9112 CANBERLEY DR.**  
 CITY-ST-ZIP: **TAMPA FL**

TITLE: D  
 NAME: **FOSTER, GRETCHEN**  Delete  
 STREET ADDRESS: **9102 FOX CHASE CIR.**  
 CITY-ST-ZIP: **TAMPA FL**

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: TD  Change  Addition  
 NAME: **Penning, Thomas S.**  
 STREET ADDRESS: **17824 Grey Brooke Drive**  
 CITY-ST-ZIP: **Tampa, FL**

TITLE: D  Change  Addition  
 NAME: **D**  
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

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

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

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:

*Dolores S. Claassen*  
**Dolores S. Claassen**

Date

**1/4/00**

Daytime Phone #

813/973-0734