

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

0077829

DOCUMENT # N95000001520

1. Entity Name

FOX MEADOW ESTATES HOMEOWNERS ASSOCIATION, INC.

03-09-2001 90470 019 ****61.25

Principal Place of Business

Mailing Address

C/O DOROTHY A FOX
 5870 W FOX LANE
 CRYSTAL RIVER FL 34429
 US

5870 WEST FOX LANE
 CRYSTAL RIVER FL 34429
 US

Dorothy A Fox 5870 W. Fox Lane

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Crystal River Fl.

Crystal River Fl.

34429

USA

34429

USA

4. FEI Number

65-0579576

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

BLACKSTONE, J. MICHAEL
 7655 WEST GULF TO LAKE HIGHWAY
 CRYSTAL RIVER FL 34429

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
 STREET ADDRESS
 CITY-ST-ZIP
**PVST
 FOX, DOROTHY A
 5870 W FOX LANE
 CRYSTAL RIVER FL 34429** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T
 JOHNSON, FRANCES
 6115 W. CRAFT LANE
 HOMASSA FL** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T
 WILLIS, JAMES
 800 N. FOX MEADOW TERRACE
 CRYSTAL RIVER FL 34429** ☐ Delete

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

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☐ 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: *Dorothy A Fox* **3/8-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-7954384

CR2E037 (10/00)