

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90018 047 \*\*\*\*61.25

**DOCUMENT # N96000001592**

1. Entity Name

**FLORIDA FOX TROTTER ASSOCIATION, INC.**

Principal Place of Business

7206 SPANISH TRAIL  
 KEYSTONE HEIGHTS FL 32656

Mailing Address

7206 SPANISH TRAIL  
 KEYSTONE HEIGHTS FL 32656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MORRIS, JANICE**  
**7206 SPANISH TRAIL**  
**KEYSTONE HEIGHTS FL 32656**

7. Name and Address of New Registered Agent

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**

**After September 13, 2000 min. will be \$236.25**

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 **P**  Delete  
 NAME **WOODWARD, JIM**  
 STREET ADDRESS **4750 BLUE HERON**  
 CITY-ST-ZIP **DE LEON SPRINGS FL 32130**
- TITLE **VP**  Delete  
 NAME **HALLGREN, WENDY**  
 STREET ADDRESS **16900 SE 272 CT**  
 CITY-ST-ZIP **UMATILLA FL 32784**
- TITLE **S**  Delete  
 NAME **MORRIS, JANICE**  
 STREET ADDRESS **7206 SPANISH TRAIL**  
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**
- TITLE **T**  Delete  
 NAME **MIKELSON, TERESA**  
 STREET ADDRESS **3835 S CURRY ROAD**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32092**
- TITLE **D**  Delete  
 NAME **PLISKA, SHIRLEY**  
 STREET ADDRESS **5050 GANDY ROAD**  
 CITY-ST-ZIP **MIMS FL 32754**
- TITLE **D**  Delete  
 NAME **RUENHECK, KAREN**  
 STREET ADDRESS **639 SECOND AVE**  
 CITY-ST-ZIP **WINDERMERE FL 34786**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

*Janice Morris*  
**JANICE MORRIS**

8/31/00 (904) 684-4971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **WORK**

CFR2037 (5/00)