

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2001 08:00 AM
Secretary of State

DOCUMENT # N96000001592

1. Entity Name
FLORIDA FOX TROTTER ASSOCIATION, INC.

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| Principal Place of Business 7206 SPANISH TRAIL KEYSTONE HEIGHTS FL 32656 | Mailing Address 7206 SPANISH TRAIL KEYSTONE HEIGHTS FL 32656 |
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| 2. Principal Place of Business 26010 APPLE BLOSSOM LANE | 3. Mailing Address 26010 APPLE BLOSSOM LANE |
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| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|----------------------------------|----------------------------------|
| City & State WESLEY CHAPEL FL | City & State WESLEY CHAPEL FL |
|----------------------------------|----------------------------------|

| | | | |
|--------------|---------|--------------|---------|
| Zip 33544 | Country | Zip 33544 | Country |
|--------------|---------|--------------|---------|

| | |
|---------------|---|
| 4. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |
|---------------|---|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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
 US

7. Name and Address of New Registered Agent

Name
 WARREN CATHY
 Street Address (P.O. Box Number is Not Acceptable)
 26010 APPLE BLOSSOM LANE

 City
 WESLEY CHAPEL FL Zip Code
 33544

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 CATHY WARREN DATE 02/22/2001
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 NAME STREET ADDRESS CITY-ST-ZIP | D RUEHHECK KAREN 639 SECOND AVE WINDERMERE FL 34786 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PLISKA SHIRLEY 5050 GANDY ROAD MIMS FL 32754 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MIKELSON TERESA 3835 S CURRY ROAD ST AUGUSTINE FL 32092 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MORRIS JANICE 7206 SPANISH TRAIL KEYSTONE HEIGHTS FL 32656 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HALLGREN WENDY 16900 SE 272 CT UMATILLA FL 32784 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WOODWARD JIM 4750 BLUE HERON DE LEON SPRINGS FL 32130 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUEHHECK KAREN 639 SECOND AVE WINDERMERE FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLANKENSHIP BUD 7842 SADDLE CREEK TRAIL SARASOTA FL 34241 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WARREN CATHY 26010 APPLE BLOSSOM LANE WESLEY CHAPEL FL 33544 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ZACK CHRIS 4155 LUCIANO AVENUE COCOA FL 32926 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cathy Warren S DATE 02/22/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

JOE THIBODEAU - DIRECTOR
833 N. SUMMIT AVENUE

LAKE HELEN, FL 32744