

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048012

1. Entity Name

FOX MEADOW THOROUGHBREDS, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90032 049 ***150.00

Principal Place of Business

15301 N HWY 329
FAIRFIELD FL 32634
US

Mailing Address

PO BOX 196
LOWELL FL 32663

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

NOT APPLICABLE

Applied For

No: Application

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

ARGIANNIS, ELIZABETH P
15301 N HWY 329
FAIRFIELD FL 32634

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

4/25/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDVD	<input type="checkbox"/> Delete
NAME	TSANADIS, FEDRA	
STREET ADDRESS	15301 N HWY 329	
CITY-ST-ZIP	FAIRFIELD FL 32634	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ARGIANNIS, ELIZABETH P	
STREET ADDRESS	15301 N HWY 329	
CITY-ST-ZIP	FAIRFIELD FL 32634	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

352/840-7104

Daytime Phone #

CR2E034 (10/00)