

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050602

1. Entity Name

FOXPOINT LEASING & FINANCIAL, INC.

FILED

Apr 10, 2000 8:00 am  
Secretary of State

04-10-2000 90142 001 \*\*\*300.00

Principal Place of Business

789 S. FEDERAL HWY  
SUITE 306  
STUART FL 34994  
US

Mailing Address

789 S. FEDERAL HWY  
SUITE 306  
STUART FL 34994-2962  
US

2. Principal Place of Business

10 CENTRAL PARKWAY

3. Mailing Address

10 CENTRAL PARKWAY

Suite, Apt. #, etc.

SUITE 315

Suite, Apt. #, etc.

SUITE 315

City & State

STUART, FL

City & State

STUART, FL

Zip

34994

Country

USA

Zip

34994

Country

USA

6. Name and Address of Current Registered Agent

GADDIS, HERBERT C  
789 S. FEDERAL HWY  
STE 306  
STUART FL 34994

7. Name and Address of New Registered Agent

Name

HERBERT C. GADDIS

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

10 CENTRAL PARKWAY

SUITE 315

City

STUART

FL

Zip Code

34994

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

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, 2000 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
GADDIS, HERBERT C  
789 S. FEDERAL HWY., STE. 306  
STUART FL 34994 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
GADDIS, UNA A  
789 S. FEDERAL HWY., STE. 306  
STUART FL 34994 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP DIRECTOR  
LOIS M. HEDGES  
10 CENTRAL PARKWAY, STE. 315  
STUART, FL 34994 ☐ Change ☒ Addition

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

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 if 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

Date

Daytime Phone #

3/24/00 561-220-7637