

2001 UNIFORM BUSINESS REPORT (UBR)

0062632

DOCUMENT # P96000100398

1. Entity Name
FOX GLEN MANAGEMENT CORPORATION

FILED
01 MAR 20 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

257 PLAZA DRIVE UNIT D **257 PLAZA DRIVE UNIT D**
OVIEDO FL 32765 **OVIEDO FL 32765**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

650 S. Central Ave. **650 S. Central Ave.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

1000 **1000**

City & State City & State

OVIEDO, FL **OVIEDO, FL**

Zip Country Zip Country

32765 **USA** **32765** **USA**

4. FEI Number Applied For

59-3414824 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, SCOTT D
369 N. NEW YORK AVE., SUITE 300
WINTER PARK FL 32789

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 _____ (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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	WHITE, KENNETH L	257 PLAZA DRIVE UNIT D	OVIEDO, FL 32765	<input type="checkbox"/>
		650 S Central Ave	OVIEDO, FL 32765	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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-03/22/01--01074--003
****300.00 ****150.00

LS

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth L. White Date: 3-9-01 Daytime Phone #: 407-366-9668

CR2E034 (10/00)