

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
 04-09-2001 90071 042 ***150.00

0688019

DOCUMENT # V69064

1. Entity Name
SAXON FAMILY PROPERTIES, INC.

Principal Place of Business Mailing Address
107 JUNIPER ST PO BOX 5
NICEVILLE FL 32578 NICEVILLE FL 32588-0626
US US

00032959



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3147846		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SAXON, K. WARD III 107 JUNIPER STREET NICEVILLE FL 32578				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	
NAME	SAXON, BETTY R	NAME	
STREET ADDRESS	5658 DIANE DR.	STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	COGHLAN, JOYCE S	NAME	
STREET ADDRESS	501 S. THAYER AVE.	STREET ADDRESS	
CITY-ST-ZIP	ABERDEEN MS	CITY-ST-ZIP	
TITLE	DT	TITLE	
NAME	SAXON, FLORA S	NAME	
STREET ADDRESS	281 WAVA AVE.	STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	SAXON, K W III	NAME	
STREET ADDRESS	107 JUNIPER ST	STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *K. Ward Saxon III* **K. WARD SAXON III** 4/6/01 850-678-4244
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)