

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91905 049 \*\*\*150.00

**DOCUMENT # V69064**

1. Entity Name  
**SAXON FAMILY PROPERTIES, INC.**



Principal Place of Business  
**247 WAVA AVENUE  
NICEVILLE FL 32578  
US**

Mailing Address  
**PO BOX 5  
NICEVILLE FL 32588-0626  
US**



2. Principal Place of Business

3. Mailing Address

**247 WAVA AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**NICEVILLE, FL**

4. FEI Number **59-3147846**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32578**

**OKALOOSA**

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

**SAXON, K. WARD III  
107 JUNIPER STREET  
NICEVILLE FL 32578**

Name

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

**247 WAVA AVENUE**

City

**NICEVILLE**

FL

Zip Code

**32578**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**K. Ward Saxon III**

**K. WARD SAXON III**

**4/30/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete  
NAME **SAXON, BETTY R**  
STREET ADDRESS **5658 DIANE DR.**  
CITY-ST-ZIP **MOBILE AL**

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

TITLE **SD** ☐ Delete  
NAME **COGHLIN, JOYCE S**  
STREET ADDRESS **501 S. THAYER AVE.**  
CITY-ST-ZIP **ABERDEEN MS**

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

TITLE **DT** ☐ Delete  
NAME **SAXON, FLORA S**  
STREET ADDRESS **281 WAVA AVE.**  
CITY-ST-ZIP **NICEVILLE FL**

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

TITLE **PD** ☐ Delete  
NAME **SAXON, K W III**  
STREET ADDRESS **107 JUNIPER ST**  
CITY-ST-ZIP **NICEVILLE FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **247 WAVA AVENUE**  
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**K. Ward Saxon III**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/30/03**

Daytime Phone #

**(850) 724-0681**

CR2E034 (10/02)