

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90059 004 \*\*\*150.00

**DOCUMENT # 231260**

1. Entity Name  
**BLUE OCEAN LODGE, INC.**

Principal Place of Business  
**5001 N OCEAN BLVD  
 BOYNTON BCH FL 33435**

Mailing Address  
**5001 N OCEAN BLVD  
 BOYNTON BCH FL 33435-7300**

**023097**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0965259**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**MADSEN, FRED C.  
 5001 N OCEAN BLVD  
 BOYNTON BEACH FL 33435**

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VPD	SEXTON, AVIS <input type="checkbox"/> Delete	TITLE D	ALLEN L. RIDDERING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5001 N OCEAN BLVD	NAME	5001 N. OCEAN BLVD.
STREET ADDRESS	BOYNTON BEACH FL 33435	STREET ADDRESS	BOYNTON BEACH, F. 33435
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	RAVENPORT, JANE <input checked="" type="checkbox"/> Delete	TITLE D.	NANCY KEOGH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5001 N OCEAN BLVD	NAME	5001 N. OCEAN BLVD.,
STREET ADDRESS	BOYNTON BEACH FL 33435	STREET ADDRESS	BOYNTON BEACH, F. 33435
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SD	MADSEN, FRED C. <input type="checkbox"/> Delete	TITLE	
NAME	5001 N. OCEAN BLVD.	NAME	
STREET ADDRESS	BOYNTON BEACH FL 33435	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE TD	LE CHARD, JOHN <input type="checkbox"/> Delete	TITLE	
NAME	5001 N OCEAN BLVD	NAME	
STREET ADDRESS	BOYNTON BCH, FL 00000	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	EICK, WILSON <input type="checkbox"/> Delete	TITLE	
NAME	5001 N. OCEAN BLVD.	NAME	
STREET ADDRESS	BOYNTON BEACH FL 33435	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE PD	PUMO, JAMES <input type="checkbox"/> Delete	TITLE	
NAME	5001 N. OCEAN BLVD.	NAME	
STREET ADDRESS	BOYNTON BEACH FL 33435	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: FRED C. MADSEN SECRETARY Date: 3/4/00 Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)