

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 727430**

1. Entity Name

BLUEBERRY BAY RECREATION ASSOCIATION, INC.

Principal Place of Business

**NE 205 TERRACE
P.O. 547
EARLETON FL 32631
US**

Mailing Address

**NE 205 TERRACE
P.O. 547
EARLETON FL 32631
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2901746

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GORDON, WILLIAM K.
ST. RD. 26 & GROVE ST.
MELROSE FL 32666**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	BIRD, PAUL L.	
STREET ADDRESS	11930 NE 205TH TERRACE	
CITY-ST-ZIP	EARLETON FL	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FELDTHAUSEN, KARL	
STREET ADDRESS	11810 NE 203 TERRACE	
CITY-ST-ZIP	EARLETON FL 32631	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ZUKOWSKI, MARY	
STREET ADDRESS	CR 1469 AT NE 205 TERRACE	
CITY-ST-ZIP	EARLETON FL	

TITLE	DS	<input type="checkbox"/> Delete
NAME	BIRD, VIRGINIA K.	
STREET ADDRESS	11930 NE 205TH TERRACE	
CITY-ST-ZIP	EARLETON FL 32631	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTER, DON	
STREET ADDRESS	PO NE 203TH TERR 20415 NE 117TH AVE	
CITY-ST-ZIP	EARLETON, FL 32631	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLANDER, RAY	
STREET ADDRESS	20529 NE 114 AVE	
CITY-ST-ZIP	EARLETON, FL 32631	

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

PAUL L BIRD**JAN 8 2001****(352) 468-1297**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0087530

CR2E037 (10/00)