

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**


04-27-2001 90003 004 \*\*\*\*61.25

**DOCUMENT # N50725**  
 1. Entity Name  
**BLUE HERON SUBDIVISION, INC.**

Principal Place of Business 8735 GRASSY ISLE TRAIL LAKE WORTH FL 33467 US	Mailing Address 8735 GRASSY ISLE TRAIL LAKE WORTH FL 33467 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE



4. FEI Number **65-0400090** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**RASKIN, IRWIN**  
**8735 GRASSY ISLE TRAIL**  
**LAKE WORTH FL 33467**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>DP</b> <input type="checkbox"/> Delete
NAME	<b>RASKIN, IRWIN</b>
STREET ADDRESS	<b>8735 GRASSY ISLE TRAIL</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>
TITLE	<b>DVS</b> <input type="checkbox"/> Delete
NAME	<b>RASKIN, SHARON L.</b>
STREET ADDRESS	<b>8735 GRASSY ISLE TRAIL</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>DV</b> <input checked="" type="checkbox"/> Delete
NAME	<b>RASKIN, DEBORAH R.</b>
STREET ADDRESS	<b>13380 A SW 91ST TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33186</b>
TITLE	<b>DV</b> <input type="checkbox"/> Delete
NAME	<b>RASKIN, DEBORAH R.</b>
STREET ADDRESS	<b>13380-A S.W. 91ST TERRACE</b>
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DV RASKIN, DEBORAH R.</b>
STREET ADDRESS	<b>13380-A S.W. 91ST TERRACE</b>
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>
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: Irwin Raskin **IRWIN RASKIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **(PRESIDENT)**

Date: **4-18-01** Daytime Phone #: **(561) 967-6992**

CR2E037 (10/00)