

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-0965259**

Applied For
 Not Applicable

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

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

(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	<input type="checkbox"/> Delete
NAME	SEXTON, AVIS	
STREET ADDRESS	5001 N OCEAN BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAVENPORT, JANE XX	
STREET ADDRESS	5001 N OCEAN BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MADSEN, FRED C.	
STREET ADDRESS	5001 N. OCEAN BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LE CHARD, JOHN	
STREET ADDRESS	5001 N OCEAN BLVD	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	EICK, WILSON	
STREET ADDRESS	5001 N. OCEAN BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PUMO, JAMES	
STREET ADDRESS	5001 N. OCEAN BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN L. RIDDERING	
STREET ADDRESS	5001 N. OCEAN BLVD.	
CITY-ST-ZIP	BOYNTON BEACH, F. 33435	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY KEOGH	
STREET ADDRESS	5001 N. OCEAN BLVD.,	
CITY-ST-ZIP	BOYNTON BEACH, F. 33435	
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		

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
 FRED C. MADSEN

SECRETARY

3/4/00

Date

Daytime Phone #

CR2E034 (9/99)