

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90017 019 ****61.25

DOCUMENT # 727430

1. Entity Name

BLUEBERRY BAY RECREATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

**NE 205 TERRACE
P.O. 547
EARLETON FL 32631-0547
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2901746

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

Name

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

City

FL

Zip Code

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

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 ☐ Delete
NAME **TD**
STREET ADDRESS **BIRD, PAUL L.**
CITY-ST-ZIP **11930 NE 205TH TERRACE
EARLETON FL**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **FELDTHAUSEN, KARL**
CITY-ST-ZIP **11810 NE 203 TERRACE
EARLETON FL 32631**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **ZUKOWSKI, MARY**
CITY-ST-ZIP **CR 1469 AT NE 205 TERRACE
EARLETON FL**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **BIRD, VIRGINIA K.**
CITY-ST-ZIP **11930 NE 205TH TERRACE
EARLETON FL 32631**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

SPENCER BIRD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 5, 2000 (352) 475-1269
Date Daytime Phone #

CR2E037 (9/99)