

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744765

1. Entity Name

BLACKWATER ACTIVITY CENTER, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90115 044 ****70.00

Principal Place of Business

Mailing Address

409 DIXIE ROAD
MILTON FL 32570

409 DIXIE ROAD
MILTON FL 32570-6561

CU024407



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

59-1914606

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

LACOSTE, JEAN
409 DIXIE RD
MILTON FL 32570

Name

HASTINGS, SANDRA

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

409 DIXIE RD

City

MILTON, FL

FL

Zip Code
32570

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.

Sandra Hastings

Sandra Hastings, Executive Director

02/15/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACOSTE, JEAN		NAME		
STREET ADDRESS	409 DIXIE RD		STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32570		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLES, ROBIN		NAME		
STREET ADDRESS	6209 PINE BLOSSOM RD		STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32570		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLS, LEON		NAME	TAYLOR, ELLEN	
STREET ADDRESS	5417 CAMILLE GARDENS RD		STREET ADDRESS	1283 NORTH EGLIN PARKWAY	
CITY-ST-ZIP	MILTON FL 32570		CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKIN, VICTORIA		NAME		
STREET ADDRESS	5535 STEWART ST		STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32570		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ANN		NAME		
STREET ADDRESS	5890 CHEROKEE DR		STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32570		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

ROBIN BOYLES

02/15/2000

850-623-4810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)