

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90059 009 ****70.00

DOCUMENT # 744765

1. Entity Name

BLACKWATER ACTIVITY CENTER, INC.

Principal Place of Business

**409 DIXIE ROAD
MILTON FL 32570**

Mailing Address

**409 DIXIE ROAD
MILTON FL 32570**

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

59-1914606

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

**HASTINGS, SANDRA
409 DIXIE RD
MILTON FL 32570**

Name

LINDA VICK

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

409 DIXIE RD

City

MILTON

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.

SIGNATURE

LINDA VICK

Linda Vick

4/17/01

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 **VD** ☒ Delete
NAME **TAYLOR, ELLEN**
STREET ADDRESS **1283 NORTH EGLIN PARKWAY**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **VPO** ☐ Change ☒ Addition
NAME **RAY HIGGINS**
STREET ADDRESS **10530 MOTLEY CT**
CITY-ST-ZIP **PENSACOLA, FL. 32514** **DELETE**

TITLE **PD** ☒ Delete
NAME **BOYLES, ROBIN**
STREET ADDRESS **6209 PINE BLOSSOM RD**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **S/T D** ☐ Change ☒ Addition
NAME **HERB GARVER**
STREET ADDRESS **7174 N. HWY 89**
CITY-ST-ZIP **MILTON, FL. 32570**

TITLE **VD** ☒ Delete **OK**
NAME **CLARKIN, VICTORIA**
STREET ADDRESS **5535 STEWART ST**
CITY-ST-ZIP **MILTON FL 32570**

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

TITLE **STD** ☐ Delete
NAME **SMITH, ANN**
STREET ADDRESS **5890 CHEROKEE DR**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **PD** ☒ Change ☐ Addition
NAME **ANN SMITH**
STREET ADDRESS **5890 CHEROKEE DR.**
CITY-ST-ZIP **MILTON, FL. 32570**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Anna F. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)