

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765891

1. Entity Name

BLUE DOLPHIN ESTATES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2005 EAST DOLPHIN DR
ENGLEWOOD FL 34223
US

2005 EAST DOLPHIN DR
ENGLEWOOD FL 34223-6308
US

2. Principal Place of Business

2110 West Dolphin Dr.
Suite, Apt. #, etc.

3. Mailing Address

2110 West Dolphin Dr.
Suite, Apt. #, etc.

City & State

Englewood FL

Country

34223-6309 Sarasota

City & State

Englewood FL

Country

34223-6309 Sarasota

6. Name and Address of Current Registered Agent

HOYT, RICHARD B
2005 EAST DOLPHIN DR
ENGLEWOOD FL 34223

4. FEI Number

59-2369612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Andrew S. Kinnecom

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

2110 West Dolphin Dr.

City

Englewood

FL

Zip Code

34223-6309

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

Andrew S. Kinnecom

2/18/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HOYT, RICHARD B	
STREET ADDRESS	2005 EAST DOLPHIN DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BASSETTI, KEVIN	
STREET ADDRESS	2140 WEST DOLPHIN DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	SDT	<input checked="" type="checkbox"/> Delete
NAME	MARIANI, CATHY	
STREET ADDRESS	2150 WEST DOLPHIN DR.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	T	<input type="checkbox"/> Delete
NAME	ABBOTT, CHARLES	
STREET ADDRESS	2070 E. DOLPHIN DR.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew S. Kinnecom	
STREET ADDRESS	2110 West Dolphin Dr.	
CITY-ST-ZIP	Englewood, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard B. Hoyt	
STREET ADDRESS	2005 East Dolphin Dr.	
CITY-ST-ZIP	Englewood, FL.	
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:

Signature Required

2/18/00

941-480-9898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)