

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765891

1. Entity Name

BLUE DOLPHIN ESTATES ASSOCIATION, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90035 045 ****61.25

756356



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2110 WEST DOLPHIN DR
 EANGLEWOOD FL 34223
 US

Mailing Address

2110 WEST DOLPHIN DR
 EANGLEWOOD FL 34223
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2369612

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

KINNECAM, ANDREW S
 2110 WEST DOLPHIN DR
 ENGLEWOOD FL 34223

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

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 PD ☐ Delete
 NAME KINNECOM, ANDREW S
 STREET ADDRESS 2110 WEST DOLPHIN DR
 CITY-ST-ZIP ENGLEWOOD FL 34223

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

TITLE VPD ☐ Delete
 NAME BASSETTI, KEVIN
 STREET ADDRESS 2140 WEST DOLPHIN DR
 CITY-ST-ZIP ENGLEWOOD FL 34223

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

TITLE SDT ☐ Delete
 NAME HOYT, RICHARD B
 STREET ADDRESS 2005 EAST DOLPHIN DR
 CITY-ST-ZIP ENGLEWOOD FL 34223

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

TITLE T ☐ Delete
 NAME ABBOTT, CHARLES
 STREET ADDRESS 2070 E. DOLPHIN DR.
 CITY-ST-ZIP ENGLEWOOD FL 34223

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

941-480-9898

Date

Daytime Phone #

CR2E037 (10/00)