

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90011 036 \*\*\*550.00

**DOCUMENT # F00000001207**

1. Entity Name

**BLUE HIGHWAY MANAGEMENT LIMITED, INC.**

Principal Place of Business

**WILLIAMS HOUSE, 20 REID STREET  
 HAMILTON HM 11  
 BERMUDA**

Mailing Address

**WILLIAMS HOUSE, 20 REID STREET  
 HAMILTON HM 11  
 BERMUDA**

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

**NOT APPLICABLE**

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

**NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 TALLAHASSEE FL 32301**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PCEO  
 DAVIS, THOMAS H  
 WILLIAMS HOUSE, 20 REID STREET  
 HAMILTON HM 11, BERMUDA** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V  
 MAYCOCK, WILLIAM F  
 WILLIAMS HOUSE, 20 REID STREET  
 HAMILTON HM 11, BERMUDA** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DIRECTOR | PCEO  
 MAYCOCK, WILLIAM F  
 WILLIAMS HOUSE, 20 REID STREET  
 HAMILTON HM 11, BERMUDA** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VS  
 BROWN, PRISCILLA M  
 WILLIAMS HOUSE, 20 REID STREET  
 HAMILTON HM 11, BERMUDA** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ASST. TREASURER  
 SONYA FEVRIERE  
 WILLIAMS HOUSE, 20 REID STREET  
 HAMILTON HM 11, BERMUDA** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T  
 MORRISON, C. RAYMOND  
 WILLIAMS HOUSE, 20 REID STREET  
 HAMILTON HM 11, BERMUDA** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CD  
 LEWNOWSKI, OSKAR P  
 WILLIAMS HOUSE, 20 REID STREET  
 HAMILTON HM 11, BERMUDA** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 SCHREIBER, PAUL S  
 599 LEXINGTON AVE  
 NEW YORK NY 10022** ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**RAYMOND MORRISON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**14th AUG 2001**

**441-298-5003**

CR2E034 (5/01)