

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90006 023 ***150.00

DOCUMENT # H85458

1. Entity Name

BLUEWATER RACQUET & FITNESS CENTER, INC.

Principal Place of Business

Mailing Address

4400 HWY. 20 EAST
 PO BOX 5129
 NICEVILLE FL 32578

4400 HWY. 20 EAST
 PO BOX 5129
 NICEVILLE FL 32578-5129

846549



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

59-2620792

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

HANCOCK, STEVEN W.
4400 HIGHWAY 20 EAST
SUITE 401
NICEVILLE FL 32578

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	HANCOCK, STEVEN W.	
STREET ADDRESS	4400 HWY 20 EAST #401	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POWELL, GILLIS E. JR.	
STREET ADDRESS	PO BOX 277, NA	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	POWELL, DIXIE DAN	
STREET ADDRESS	PO BOX 277, NA	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEATHERS, JAMES C.	
STREET ADDRESS	421 MARTINQUE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANCOCK, BARBARA C.	
STREET ADDRESS	226 PARKWOOD CIRCLE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, GILLIS E. SR.	
STREET ADDRESS	P.O. BOX 277, NA	
CITY-ST-ZIP	CRESTVIEW 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	

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.

Gillis E. Powell, Jr.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice-President 4/27/00 (850) 682-2757

Date

Daytime Phone #

CR2E034 (9/99)