

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J23514

1. Entity Name

BLUE RIBBON PROPERTIES INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90001 006 ***150.00

Principal Place of Business

Mailing Address

10252 S.E. HWY 441
SUITE 5
BELLEVIEW FL 34420
US

10252 SE HWY 441
SUITE 5
BELLEVIEW FL 34420
US

2. Principal Place of Business

3. Mailing Address

2227 S. Pine Ave.

2227 S. Pine Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala, FL

Ocala, FL

Zip

Country

Zip

Country

34471

marion

34471

MARION



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2871577

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

LIGHT, STEVEN

10252 SE HWY 441
SUITE 5
BELLEVIEW FL 34420

Name

Light, Steven

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

2227 S. Pine Ave.

Suite 102

City

Ocala

FL

Zip Code

34471

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

Steven Light Steven Light

4/10/00

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

TITLE PST
NAME LIGHT, STEVEN
STREET ADDRESS 825 SE 36 LANE
CITY-ST-ZIP Ocala FL 34471

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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.

SIGNATURE:

Steven Light Steven Light

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

352-861-9150

Daytime Phone #

CR2E034 (9/99)