

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90088 039 ***150.00

DOCUMENT # K36273

1. Entity Name

BLUEWATER PARKS, INC.

Principal Place of Business

**1200 US 27 N
 SEBRING FL 33870
 US**

Mailing Address

**1640 CHINOOK TR
 MAITLAND FL 32751-3810
 US**

946178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0113600

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, ANDREA A
 1640 CHINOOK TR
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

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

TITLE Delete

**PD
 ALLEN, JOHN W.
 2426 MAUMEE DRIVE
 OKEMOS MI 48864**

TITLE Delete

**VSD
 ALLEN, LINDA C.
 1640 CHINOOK TR
 MAITLAND FL 32751**

TITLE Delete

**TD
 BROWN, ANDREA A.
 1640 CHINOOK TR
 MAITLAND FL 32751**

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

pd 4-18-00 BWP #4121 \$150.00

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

Andrea A. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

407/599-9633

Daytime Phone #

CR2F034 (9/99)