

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90219 015 ***150.00

DOCUMENT # K53992

1. Entity Name

BLUE AND GOLD LAND CORPORATION

Principal Place of Business

PO BOX 12
 LARGO FL 33779
 US

Mailing Address

PO BOX 12
 LARGO FL 33779
 US

2. Principal Place of Business

2284 KINGS POINTE DR
 Suite, Apt. #, etc.

3. Mailing Address

2284 KINGS POINTE DR
 Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

LARGO, FL

Zip

33774

Country

USA

Zip

33774

Country

USA

4. FEI Number

59-2926632

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

FOLEY, MICHAEL T.
2284 KINGS POINTE DR.
LARGO FL 33774

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, 2001 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 **D** ☐ Delete
 NAME **DICKERT, L F**
 STREET ADDRESS **1 BISHOP STREET**
 CITY-ST-ZIP **CROSS CITY FL**

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

TITLE **D** ☒ Delete
 NAME **FOLEY, M.J.**
 STREET ADDRESS **3525 FORT CHARLES DR.**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☒ Addition
 NAME **D FOLEY, K.R.**
 STREET ADDRESS **50 COE RD. # 226**
 CITY-ST-ZIP **BELLEAIR, FL 33756**

TITLE **D** ☐ Delete
 NAME **FAIRCLOTH, J. J.**
 STREET ADDRESS **402 N HOWARD AVE**
 CITY-ST-ZIP **TAMPA FL**

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

TITLE **PSD** ☐ Delete
 NAME **FOLEY, M.T.**
 STREET ADDRESS **2284 KINGS POINTE DR.**
 CITY-ST-ZIP **LARGO FL**

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

TITLE **D** ☐ Delete
 NAME **FAIRCLOTH, F B**
 STREET ADDRESS **U S 19 AND S R 351A**
 CITY-ST-ZIP **CROSS CITY FL**

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

TITLE **D** ☐ Delete
 NAME **DICKERT, D**
 STREET ADDRESS **U S 19 N ABD S R 351A**
 CITY-ST-ZIP **CROSS CITY FL**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL T. FOLEY PRES.

4/26/01 (727) 595-0816
 Date Daytime Phone #

CR2E034 (10/00)