

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90584 041 \*\*\*\*55.00

0033904

**DOCUMENT # L01000008585**

1. Entity Name  
**BLUE SPRINGS, LLC**



Principal Place of Business  
**1414 SWANN AVE., SUITE 201  
TAMPA FL 33606**

Mailing Address  
**1414 SWANN AVE., SUITE 201  
TAMPA FL 33606**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip  
**33606-2533**

Country

Zip  
**33606-2533**

Country



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**JENNEWAIN, JONATHAN P  
101 E. KENNEDY BLVD.  
SUITE 3700  
TAMPA FL 33602**

4. FEI Number **59-3757540**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent  
Name **WRB ENTERPRISES, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1414 SWANN AVE.,  
SUITE 201**  
City **TAMPA** FL Zip Code **33606-2533**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William Blanchard* VP **WILLIAM BLANCHARD** 4/30/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BLANCHARD, WILLIAM M 1414 SWANN AVENUE #201 TAMPA FL 33606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BLANCHARD, G. ROBERT 1414 SWANN AVENUE #201 TAMPA FL 33606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>G. ROBERT BLANCHARD, JR.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD HARRIS, MALCOLM C 1414 SWANN AVENUE - SUITE #201 TAMPA FL 33606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JOHN T. VOGEL 32945 PENNSYLVANIA AVE. SAN ANTONIO, FL. 78236</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William Blanchard* **WILLIAM BLANCHARD, PRES.** 4/30/03 813-251-3737  
Signature and typed or printed name of signing managing member, manager, or authorized representative. Date Daytime Phone #

CR2E083 (10/02)