

2000 UNIFORM BUSINESS REPORT (UBR)

0009172 AF

DOCUMENT # L99000004858

1. Entity Name
BLUEWATER WEST VENTURE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:38

mf 3/27

Principal Place of Business
3466 51ST AVE DR. W.
BRADINGTON FL 34210

Mailing Address
3466 51ST AVE DR. W.
BRADINGTON FL 34210-3227



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3409 CORTEZ RD W

3. Mailing Address

Suite, Apt. #, etc.
BRADINGTON FL

Suite, Apt. #, etc.

City & State
34210 MANATEE

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0939615

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BREWER, NORM
3466 51ST AVE DR., W.
BRADINGTON FL 34210

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
BREWER, NORM
3466 51ST AVE DR., W.
BRADINGTON FL ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
200003189082-3
-03/30/00--01003--016
*****50.00 *****50.00

TITLE
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CITY- ST- ZIP
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☐ Change ☐ 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: *SIGNATURE REQUIRED PROS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-17-00 941-737-1259
Date Daytime Phone #

166/6-1310 1-20