

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001883

1. Entity Name

BLUEWATER BAY CONVENIENCE STORE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 10 AM 10:02

Principal Place of Business

112 SHEFFIELD LOOP, SUITE D
HATTIESBURG MS 39402

Mailing Address

112 SHEFFIELD LOOP, SUITE D
HATTIESBURG MS 39402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4365 Hwy 20 East

3. Mailing Address

Suite, Apt. #, etc.

City & State

Niceville, FL

City & State

Zip

Country

32578

USA

4. FEI Number

64-0898722

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required --

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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/MANAGERS

TITLE NAME MGRM YORK, BENNETT V
STREET ADDRESS 112 SHEFFIELD LOOP, SUITE D
CITY-ST-ZIP HATTIESBURG MS 39402

TITLE NAME MGRM YORK, BENNETT N JR.
STREET ADDRESS 112 SHEFFIELD LOOP, SUITE D
CITY-ST-ZIP HATTIESBURG MS 39402

TITLE NAME MGRM YORK-LOOSE, PAIGE
STREET ADDRESS 112 SHEFFIELD LOOP, SUITE D
CITY-ST-ZIP HATTIESBURG MS 39402

TITLE NAME MGRM YORK, JOHN T
STREET ADDRESS 112 SHEFFIELD LOOP, SUITE D
CITY-ST-ZIP HATTIESBURG MS 39402

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME York, Bennett V. Jr.
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME York - Losee, Paige
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME 800003359548-1
STREET ADDRESS -08/16/00--01064--024
CITY-ST-ZIP *****55.00 *****55.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(601) 264-0403

CP2 E013 (5/00)