

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90232 018 \*\*\*\*61.25

**DOCUMENT # N02000008800**  
1. Entity Name  
**THE BLAIKIE COURT COMMERCE CENTER CONDOMINIUM AS  
SOCIATION, INC.**



Principal Place of Business  
**6900 SW AIRBOAT DRIVE  
ARCADIA FL 34266**

Mailing Address  
**6900 SW AIRBOAT DRIVE  
ARCADIA FL 34266**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**7669 NW Pine Level**

Suite, Apt. #, etc.  
**Same**

City & State  
**ARCADIA FL**

Zip  
**34266**

Country  
**USA**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**Same**

City & State  
**Same**

Zip  
**Same**

Country  
**Same**

4. FEI Number  
**65-1161804**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**LEVIN, JEROME S ESQ  
1680 FRUITVILLE ROAD STE 102  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent  
Name **JEFFREY A. Geiger**  
Street Address (P.O. Box Number is Not Acceptable)  
**7669 NW Pine Level Rd**  
City **ARCADIA, FL** Zip Code **34266**

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 **Jeffrey A. Geiger** (NOTE: Registered Agent signature required when reinstating) DATE **1/24/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>VIA, KRISTIE L</b>        |                                 |
| STREET ADDRESS | <b>6900 SW AIRBOAT DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>ARCADIA FL 34266</b>      |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>VIA, DANIEL B</b>         |                                 |
| STREET ADDRESS | <b>6900 SW AIRBOAT DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>ARCADIA FL 34266</b>      |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>GEIGER, JEFFREY A</b>     |                                 |
| STREET ADDRESS | <b>6900 SW AIRBOAT DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>ARCADIA FL 34266</b>      |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature Required** DATE: **1/24/03** DAYTIME PHONE #: **941-342-4345**

CR2E037 (10/02)