

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90949 045 ****61.25

DOCUMENT # N24173

1. Entity Name

FORT BLOUNT CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business

**345 W. DAVIDSON ST
SUITE 201
BARTOW FL 33830
US**

Mailing Address

**P. O. BOX 1051
BARTOW FL 33831-1051
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**HARDWICK, KELLY ESQ
341 W DAVIDSON
SUITE 301
BARTOW FL 33831**

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

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD MARS, RICHARD D	<input type="checkbox"/> Delete
STREET ADDRESS	343 W DAVIDSON STE 101	
CITY-ST-ZIP	BARTOW FL	
TITLE NAME	VD KIDWELL, WES	<input type="checkbox"/> Delete
STREET ADDRESS	343 W DAVIDSON STE 102	
CITY-ST-ZIP	BARTOW FL	
TITLE NAME	SD BLAKEMAN, WILLIAM S	<input type="checkbox"/> Delete
STREET ADDRESS	341 W DAVIDSON ST SUITE 302	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE NAME	TD HARDWICK, KELLY B III	<input type="checkbox"/> Delete
STREET ADDRESS	341 W DAVIDSON ST SUITE 301	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

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

Kelly B Hardwick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 FEB 03

CR2E037 (10/02)