

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35051

1. Entity Name

BLUE KNIGHTS FLA. I, INC.

Principal Place of Business

3324 NW 114TH TERR
GAINESVILLE FL 32606
US

Mailing Address

P O BOX 6057
GAINESVILLE FL 32614
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2933621

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

STARR, BRET
3324 NW 114TH TERRACE
GAINESVILLE FL 32606

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME MCINTIRE, WAYNE
STREET ADDRESS ~~PO BOX 2038 N/A~~ 24508 SR-26
CITY-ST-ZIP MELROSE FL 32666

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 24508 SR-26
CITY-ST-ZIP MELROSE, FL 32666

TITLE V ☐ Delete
NAME WILLIS, ALLEN
STREET ADDRESS PO BOX 141302 N/A
CITY-ST-ZIP GAINESVILLE FL 32614

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME STARR, BRET
STREET ADDRESS 3324 NW 114TH TERR
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SYNDER, LARRY
STREET ADDRESS 1925 SW 43 ST
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KEEN, JAMES
STREET ADDRESS PO BOX 1194 N/A
CITY-ST-ZIP GAINESVILLE FL 32628

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FRANKLIN, JOHN
STREET ADDRESS 4400 SW 20TH AVE
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ Change ☐ 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

2-22-01

352-334-2409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE