

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90230 016 ****61.25

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

2936 NW 23RD DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

Zip

32605

Country

USA

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

**STARR, BRET
3324 NW 114TH TERRACE
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name

PEREZ, RAYMOND

Street Address (P.O. Box Number is Not Acceptable)

2936 NW 23RD DRIVE

City

GAINESVILLE

FL

Zip Code

32605

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 **RAYMOND PEREZ**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/03
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

TITLE **D** ☐ Delete
NAME **WEST, BRAD**
STREET ADDRESS **2138 NW 28TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME **VILLIYAW, CARL**
STREET ADDRESS **8401 NW 13TH ST LOT #13**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE ☐ Change ☒ Addition
NAME **S GUYOTT, JOE**
STREET ADDRESS **2506 NW 119TH AVE**
CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE ☐ Change ☒ Addition
NAME **PEREZ, RAYMOND**
STREET ADDRESS **2936 NW 23RD DRIVE**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE ☐ Change ☒ Addition
NAME **DMOSSUTO, SAMUEL**
STREET ADDRESS **8126 GUSTAFSON ROAD**
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE ☐ Change ☒ Addition
NAME **D ZASCIUNSKAS, TONY**
STREET ADDRESS **3500 NE SR 47**
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

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:

RAYMOND PEREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 (352)376-0133
Date

CR2E037 (10/02)