

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35884

1. Entity Name

BLUEFIELD PROPERTIES ASSOCIATION, INC.

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90233 038 ****61.25

B0111263



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O JAMES R. GORDY
500 PULITZER ROAD
FT. PIERCE FL 34945

C/O JAMES R. GORDY
500 PULITZER ROAD
FT. PIERCE FL 34945

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

65-0817253

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

GORDY, JAMES R
500 PULITZER ROAD
FT. PIERCE FL 34945

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 PD
NAME GORDY, JAMES R
STREET ADDRESS 500 PULITZER ROAD
CITY-ST-ZIP FT. PIERCE FL 34945 ☐ Delete

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

TITLE VD
NAME MILLER, JOSEPH G
STREET ADDRESS 5500 ORANGE AVE. EXTENSION
CITY-ST-ZIP FT. PIERCE FL 34945 ☐ Delete

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

TITLE STD
NAME TURNER, JAMES
STREET ADDRESS 5900 ORANGE AVENUE
CITY-ST-ZIP FT. PIERCE FL 34954 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *J. R. Gordy* **SIGNATURE REQUIRED** J. R. Gordy 4-26-02 561-465-4092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)