

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-10-2003 90115 046 ****61.25

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

DOCUMENT # N35884

1. Entity Name

BLUEFIELD PROPERTIES ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

55051991

2. Principal Place of Business

JAMES R. TURNER

3. Mailing Address

Same

Suite, Apt. #, etc.

P.O. Box 68

Suite, Apt. #, etc.

City & State

City & State

Zip

34954 0068

County

USA

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

JAMES R. TURNER

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

P.O. Box 68

5900 Orange Ave

City

FL Pierce

Zip Code

34947

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

JAMES R. TURNER

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

(NOTE: Registered Agent Signature required when reinstating)

7/8/03

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	GORDY, JAMES R	
STREET ADDRESS	500 PULITZER ROAD	
CITY-ST-ZIP	FT. PIERCE FL 34945	Delete
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, JOSEPH G	
STREET ADDRESS	5500 ORANGE AVE. EXTENSION	Delete
CITY-ST-ZIP	FT. PIERCE FL 34945	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TURNER, JAMES	
STREET ADDRESS	5900 ORANGE AVENUE	
CITY-ST-ZIP	FT. PIERCE FL 34954	
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		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES R. TURNER	
STREET ADDRESS	P.O. Box 68	
CITY-ST-ZIP	FL. PIERCE, FL 34954-0068	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE M ALDERMAN	
STREET ADDRESS	P.O. Box 1900	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE ALDERMAN	
STREET ADDRESS	P.O. Box 1900	
CITY-ST-ZIP	Belle Glade, FL 33430	
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:

JAMES R. TURNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/03 772-466-9353

DATE

Daytime Phone #

CR20037 (4/03)