

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004010

1. Entity Name

BLUE LAKE SKI CLUB, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90090 034 ****61.25

909401



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3351 HARBOR BEACH DR. LAKE WALES FL 33853	3371 HARBOR BEACH DR LAKE WALES FL 33853-8082 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-3262612	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MYERS, CORNELIUS B III 130 E. CENTRAL AVE. LAKE WALES FL 33853

7. Name and Address of New Registered Agent		
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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: CHERYL BOSSARTE CHERYL BOSSARTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-24-00 863-638-3276
Date Daytime Phone #

CR2E037 (9/99)