

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003169

1. Entity Name

BLUE'S TEMPLE OF GARRISVILLE, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90248 002 \*\*\*\*61.25

Principal Place of Business	Mailing Address
744 COUNTY LINE ROAD P.O. BOX 962 EAST PALATKA FL 32131 US	P.O. BOX 962 EAST PALATKA FL 32131-0962 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-3441595	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent
BLUE, WILLIE M 405 CARTER STREET HASTINGS FL 32145

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 \_\_\_\_\_ (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	
TITLE	PD
NAME	BLUE, WILLIE M
STREET ADDRESS	405 CARTER STREET
CITY-ST-ZIP	HASTINGS FL 32145
TITLE	SD
NAME	BLUE, ELIZABETH B
STREET ADDRESS	405 CARTER STREET
CITY-ST-ZIP	HASTINGS FL 32145
TITLE	TD
NAME	KISER, WILLIAM T
STREET ADDRESS	122 MCCORMACK ROAD
CITY-ST-ZIP	EAST PALATKA FL 32131
TITLE	SD
NAME	KISER, NETTIE J
STREET ADDRESS	122 MCCORMACK ROAD
CITY-ST-ZIP	EAST PALATKA FL 32131
TITLE	M
NAME	JACKSON, WILLIE MAE
STREET ADDRESS	609 N 9TH ST.
CITY-ST-ZIP	PALATKA FL 32631

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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.

CR2E037 (9/99)

5-1-00 904-325-8397