

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 97000001007

1. Entity Name

Blue Heron Bay Homeowners Association, Inc.

Principal Place of Business

Mailing Address

2575 U.S. Hwy 27 North
Haines City, FL 33844-2873

2575 U.S. Highway 27 North
Haines City, FL 33844-2873

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

59-3431440

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

Hesnick, Michael LE
1342 E. Vine St.
STE 236
KISSIMMEE, FL 34744

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 NAME STREET ADDRESS CITY-ST-ZIP	P.D. KUBACKI, DAVID 2575 HWY 27 N 193 HAINEES CITY, FL 33844-2873	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.T.D. SIEGEL, ART 2575 HWY 27 N #130 HAINEES CITY, FL 33844-2873	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINMETZ, ORVAL 2575 HWY 27 N #195 HAINEES CITY, FL 33844-2873	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. JANCAIC, GEORGINE 2575 HWY 27 N. #181 HAINEES CITY, FL 33844-2873	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, AUDREY 2575 HWY 27 N #74 HAINEES CITY, FL 33844-2873	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHILLING, JACOB 2575 HWY 27 N. #43 HAINEES CITY, FL 33844-2873	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODEE, NANCY 2575 HWY 27 N #123 HAINEES CITY, FL 33844-2873	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. JENKINS, BONNIE 2575 HWY 27 N #197 HAINEES CITY, FL 33844-2873	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAKKARD, TONY 2575 HWY 27 N #169 HAINEES CITY, FL 33844-2873	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCARTHUR, PATRICK 2575 HWY 27 N #122 HAINEES CITY, FL 33844-2873	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 the information appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie Jenkins (BONNIE JENKINS)

Date

Daytime Phone #

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90002 021 ****61.25

00068676

DO NOT WRITE IN THIS SPACE

CRZE037 (9/99)

(863)422-6186

June 19, 2000 (815)547-6616

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HAINES CITY FL 33844-2873

2575 U.S. HIGHWAY 27 NORTH
HAINES CITY FL 33844-2332

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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1342 E VINE ST
STE 236
KISSIMMEE FL 34744

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FL

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TITLE	PD	<input type="checkbox"/> Delete
NAME	KUBACKI, DAVID	
STREET ADDRESS	2575 HWY 27 N #193	
CITY-ST-ZIP	HAINES CITY FL 33844-2873	
TITLE	VPD T	<input type="checkbox"/> Delete
NAME	SEIGEL, ART	
STREET ADDRESS	2575 HWY 27 N #130	
CITY-ST-ZIP	HAINES CITY FL 33844-2873	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINMETZ, ORVILLE	
STREET ADDRESS	2575 U.S. HIGHWAY 27 NORTH #185	
CITY-ST-ZIP	HAINES CITY FL 33844-2873	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JANCARIC, GEORGINE	
STREET ADDRESS	2575 U.S. HIGHWAY 27 NORTH #181	
CITY-ST-ZIP	HAINES CITY FL 33844-2873	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, AUDREY	
STREET ADDRESS	2575 HWY 27 N #74	
CITY-ST-ZIP	HAINES CITY FL 33844-2873	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHILLING, JACOB	
STREET ADDRESS	2575 HWY 27 N #43	
CITY-ST-ZIP	HAINES CITY FL 33844-2873	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, BONNIE	
STREET ADDRESS	2575 HWY 27 N #197	
CITY-ST-ZIP	HAINES CITY, FL 33844-2873	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONY GALLARDO	
STREET ADDRESS	2575 HWY 27 N #169	
CITY-ST-ZIP	HAINES CITY, FL 33844-2873	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK MCCARTHY	
STREET ADDRESS	2575 HWY 27 N #122	
CITY-ST-ZIP	HAINES CITY FL 33844-2873	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY BOUEE	
STREET ADDRESS	2575 HWY 27 N #123	
CITY-ST-ZIP	HAINES CITY, FL 33844-2873	
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		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-2000

863-422-6186