

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002204

1. Entity Name

BLAKELY SUBDIVISION NEIGHBORHOOD ASSOCIATION, IN

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90004 018 ****61.25

Principal Place of Business

1611 AVE S
FT PIERCE FL 34950

Mailing Address

1611 AVE S
FT PIERCE FL 34950

2. Principal Place of Business

1808 North 16th Court
Suite, Apt. #, etc.

3. Mailing Address

1808 North 16th Court
Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

4. FEI Number

65-0872840

Applied For

☒ Not Applicable

Zip

34950

Country

St. Lucie

Zip

34950

Country

St. Lucie

5.-Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOYD, LON
1611 AVE S
FT PIERCE FL 34950

7. Name and Address of New Registered Agent

Name Claudine NewKirk
Street Address (P.O. Box Number is Not Acceptable)
1808 North 16th Court
City Ft. Pierce FL Zip Code 34950

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

Claudine NewKirk

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-25-2000

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FLOYD, LON 1611 AVE S FT PIERCE FL 34950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARRETT, DORIS 1806 N 16 ST FT PIERCE FL 34950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICE, DAISY 1902 N 16 STREET FT PIERCE FL 34950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EFFEND, TOMMY 4804 EVERGREEN AVE FT PIERCE FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Claudine NewKirk 1808 North 16 th Court Ft. Pierce, FL 34950	<input checked="" type="checkbox"/> Change <input 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	SD Sonja Sands 1821 North 17 th St. Ft. Pierce, FL 34950	<input checked="" type="checkbox"/> Change <input 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
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 my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Doris L. Garrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/25/00

Date

(561) 464-0255

Daytime Phone #

CR2E037 (5/00)