

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013778

1. Entity Name

BLUE HERON POND, INC.

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90260 030 \*\*\*150.00

Principal Place of Business

436 BAYSHORE DRIVE  
VENICE FL 34285

Mailing Address

436 BAYSHORE DRIVE  
VENICE FL 34285

2. Principal Place of Business

635 South Orange Avenue

Suite, Apt. #, etc.

16

City & State

Sarasota, FL

Zip

34236

Country

3. Mailing Address

635 South Orange Avenue

Suite, Apt. #, etc.

16

City & State

Sarasota, FL

Zip

34236

Country

4. FEI Number

65-0998227

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

HARTENSTINE, J. MICHAEL  
200 SOUTH ORANGE AVENUE  
SARASOTA FL 34236

## 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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete  
NAME Robert A. Richardson  
STREET ADDRESS 635 S. Orange Ave., Suite 16  
CITY-ST-ZIP Sarasota, FL 34236

TITLE AS ☐ Delete  
NAME J. Michael Hartenstine  
STREET ADDRESS 200 S. Orange Ave.  
CITY-ST-ZIP Sarasota, FL 34236

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)