

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100008 0371

1. Entity Name

BLUEGRASS HOLDINGS, INC.



FILED

03 SEP 29 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

339 EAGLE CREEK CIR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

REINSTATEMENT 02-53

DO NOT WRITE IN THIS SPACE

City & State

LAKE MARY, FL

City & State

4. FEI Number

59-374-1787

Applied For

Not Applicable

Zip

32746

Country

SEMINOLE

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name JOHN A. SIRIANNI

Street Address (P.O. Box Number is Not Acceptable)

339 EAGLE CREEK CIR.

City LAKE MARY

FL

Zip Code 32746

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT, TREASURER, CEO
NAME 339 EAGLE CREEK CIR
STREET ADDRESS LAKE MARY, FL 32746
CITY-ST-ZIP

TITLE JOHN A SIRIANNI
NAME
STREET ADDRESS
CITY-ST-ZIP

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400023403434
09/29/03--01086--005 **300.00

400023403434
09/29/03--01086--006 **600.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN A. SIRIANNI

9/23/03 270-412-2313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)