

2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR -6 PM 3:19

DOCUMENT # P04000037348

1. Entity Name
BLU AT 5 POINTS, INC.



Principal Place of Business
820 POST STREET
JACKSONVILLE, FL 32204

Mailing Address
820 Post St.
Jacksonville, FL
32204

KS



DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0821178
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, JOHN R JR
1212 TALBOT AVE
JACKSONVILLE, FL 32205

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, or 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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2010 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

500174846485
04/07/10--01007--024 **150.00

DO NOT WRITE
IN THIS SPACE

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	V-D
NAME	EVANS, JOHN R JR
STREET ADDRESS	1212 TALBOT AVE
CITY- ST- ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	CEO
NAME	RANIER, SIBYL P
STREET ADDRESS	1666 LANE AVE S
CITY- ST- ZIP	JACKSONVILLE, FL 32210
TITLE	S-D
NAME	Sylvia Nelson
STREET ADDRESS	1666 Lane Ave S.
CITY- ST- ZIP	Jacksonville FL 32210
TITLE	S-D
NAME	Dianne Alexander
STREET ADDRESS	8367 Grandpall Dr.
CITY- ST- ZIP	Jacksonville, FL 32221

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Sibyl P. Ranier

Sibyl P. Ranier

3/31/10

9047812926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #