

2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

11 MAR 21 AM 10:16



DOCUMENT #P04000037348

1. Entity Name
BLU AT 5 POINTS, INC.



Principal Place of Business
820 POST STREET
JACKSONVILLE, FL 32204

Mailing Address
820 POST STREET
JACKSONVILLE, FL 32204

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 AVENUE
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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2011 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY • STATE • ZIP	CEO • PRESIDENT • DIRECTOR EVANS, JOHN R JR 1212 TALBOT AVENUE JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY • STATE • ZIP	VICE PRESIDENT • DIRECTOR RAINER, SIBYL 1666 LANE AVENUE SOUTH JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY • STATE • ZIP	TREASURER • DIRECTOR EVANS, JOHN R JR 1212 TALBOT AVENUE JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY • STATE • ZIP	SECRETARY • DIRECTOR NELSON, SYLVIA E 6827 BAKERSFIELD DRIVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY • STATE • ZIP	SECRETARY • DIRECTOR ALEXANDER, BARBARA DIANNE 8367 GRAMPELL DRIVE JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY • STATE • ZIP	

~~03/21/11--01041--003 **150.00~~

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03/21/11--01041--003 **150.00

**DO NOT WRITE
IN THIS SPACE**

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. Rainer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIBYL P. RAINER

03/31/2011

(904) 781-2926

Date

Daytime Phone #