

2001 UNIFORM BUSINESS REPORT (UBR)

3/6

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-06-2001 90010 036 ***150.00

DOCUMENT # P94000012648

1. Entity Name
BLUEBIRD GROVES, INC.

Principal Place of Business

**260 ISLAND CREEK DRIVE
 JOHN'S ISLAND
 VERO BEACH FL 32963**

Mailing Address

**1243 HUDSON
 SAINT HELENA CA 94574**

2. Principal Place of Business

1243 HUDSON AVE

3. Mailing Address

1243 HUDSON AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. HELENA, CA 94574

City & State

ST. HELENA, CA 94574

Zip

94574

Country

USA

Zip

94574

Country

USA

4. FEI Number **65-0474367**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**COLLIN, JANE E
 260 ISLAND CREEK DRIVE
 JOHN'S ISLAND
 VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name **JANE CHAPIN**
 Street Address (P.O. Box Number is Not Acceptable)
~~1243 HUDSON AVENUE~~
450 BEACH ROAD
 City ~~ST. HELENA, CA~~ **FL** Zip Code ~~94574~~ **32963**

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

Jane Chapin

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

(NOTE: Registered Agent signature required when reinstating)

2-26-01

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	DPST	<input type="checkbox"/> Delete
NAME	COLLIN, JANE E	
STREET ADDRESS	1243 HUDSON	
CITY-ST-ZIP	SAINT HELENA CA 94574	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPIN, JANE	
STREET ADDRESS	1243 HUDSON AVENUE	
CITY-ST-ZIP	ST. HELENA, CA 94574	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jane Chapin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-01

DATE

(702) 967-9933

Daytime Phone #

CR2E034 (10/00)