2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P 96000052138 1. Entity Name								100
								1000
BLUE RIVER VILLAS, INC.					FILED			
Principal Place of Business Mailing Address					01 JAN 18 AM 10: 29			
1318 Lafayette St. 1318 Lafayette					SECRETARY OF STATE			
Cape Cora	al, FL 33904	Cape Coral, I	FL 33904		TĂ	ELAHASS	ĒĒ, FĽ(ÖRIDA
2. Principal Place of Business		3. Mailing Address						أ
Suite, Apt. #, etc.		Suite, Apt. #, etc.		···	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	El Number 65 - 0688	241		olied For Applicable
Zip	Country	Zip	Country	5. C	ertificate of Status Desired		8.75 Addit	
	6. Name and Address of Currer	t Registered Agent	Na		ame and Address of New	Registered Age	ent	
Hill, Thomas W.				Street Address (P.O. Box Number is Not Acceptable)				
1318 Lafayette St. Cape Coral, FL 33904			50		A Not Acceptab			
Cape	Coral, FL 33904		City			FL	Zip Code	
The above named entity submits this statement for the purpose of changing its regis				<u> </u>			<u> </u>	
SIGNATURE _	Signature, typed or printed name of registered age		A	t signature required when re	nstæng)	DATE		
Tax filing re (See criter	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)				10. Election Campaign F Trust Fund Contribut	on.	Added	May Be to Fees
TILE	T.	ID DIRECTORS Delete	12.	AD	DITIONS/CHANGES TO OF		Change	Addition
" NAME STREET ADDRESS	Hill, Thomas W.	-	NAME STREET ADD	nece	·	F9		
CITY-ST-ZIP	1318 Lafayette St Cape Coral, FL 3	3904	CITY-ST-ZI			`	<u></u>	
TITLE NAME	Reckendorf, Andre		TITLE NAME		500003] 2575	☐ Change 41 :== !== .	Addition
STREET ADDRESS	1318 Lafayette St. Cape Coral, FL 33904		STREET ADO	DRESS	-01/2	26/01~~01	1051	017
CITY-ST-ZIP			CITY-ST-Z	IP	***	150.00	***** [:] □ Change	50. UD Addition
TITLE NAME	VD Reckendorf, Claud	Delete Ria	TITLE NAME				Charge	Addition
STREET ADDRESS CITY-ST-ZIP	1318 Lafayette St Cape Coral, FL 33	:• 8904	STREET ADS	· · · · · · · · · · · · · · · · · · ·				!
TITLE	S S	☐ Delete	TITLE			(Change	Addition
NAME STREET ADDRESS	Snow, Robert A.	• _	. NAME STREET AD	ngess				:
CITY-ST-ZIP	1318 Lafayette St Cape Coral, FL 33	904	CITY-ST-Z					
TITLE		☐ Delete	TITLE NAME		<u></u>	- 1	Change	☐ Addition
NAME STREET ADDRESS			STREET AD	ORESS				
CITY-ST-ZIP		[] a.u.	CITY-ST-Z	**				☐ Addition
TITLE NAME		☐ Oelets	TITLE NAME				Change	ا مست
STREET ADDRESS CITY-ST-ZIP			STREET AD CITY-ST-2	1				ļ
13. I hereby	certify that the information supplied	with this filing does not qualify	for the exempti	on stated in Section	119.07(3)(i), Florida Statute	s. I further certi	fy that the ir	nformation
of the co	d on this report or supplemental repo proporation or the receiver or trustee end, or on an attachment with an address	rt is true and accurate and that impowered to execute this repo	t my signature ort as required t	shali have the same	legal effect as it made und	er oath: that I ar	m an officer	or director
	11.	1) Hell			1-12-1))/ · /	141-	كديمذير
SIGNA	O	OR PRINTED HAME OF SIGNING OFFICE	ER OR DIRECTOR		1-12-0	<u>y</u> <u>0</u>	yome Phone #	-7-1-

Hill & Company
CERTIFIED PUBLIC ACCOUNTANTS



January 12, 2001

Division of Corporations
Annual Reports Filings/Reinstatement Section
409 E. Gaines Street
Tallahassee, FL 32399

RE: Blue River Villas, Inc.

Dear Sirs:

Please accept this late filed Annual Report for the year 2000. We also request that you waive the reinstatement fee plus any interest or penalty fees. We are enclosing the amount of \$150.00 for the Annual Report fee.

The owner of the corporation is our client who resides in Germany and the report was mailed to him for review and payment but unfortunately must have been lost in mailing. Our firm has a history of filing the reports timely and ask you to please waive the late filing penalties.

We ask that you give this matter your attention, and that you waive the reinstatement fee and accept the \$150.00 for the 2000 Annual Report.

Thank you.

Sincerely,

Thomas W. Hill

Hill & Company, CPA, P.A.

Thomas W Helf

Enclosures