

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002457

1. Entity Name

BLUEWATER OFFSHORE RACING TEAM, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90143 033 ***150.00

Principal Place of Business

Mailing Address

510 43RD ST
 WEST PALM BEACH FL 33407

510 43RD ST
 WEST PALM BEACH FL 33407-3847

2. Principal Place of Business

3. Mailing Address

143 YACHT CLUB DR.
 Suite, Apt. #, etc. # 16

143 YACHT CLUB DR
 Suite, Apt. #, etc. # 16



DO NOT WRITE IN THIS SPACE

City & State
 No. PALM BEACH
 Zip
 33408
 Country
 USA

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 No. PALM BEACH
 Zip
 33408
 Country
 USA

4. FEI Number 59-3441275

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORLANDO, RICHARD
 510 43RD ST
 WEST PALM BEACH FL 33407

Name SAME
 Street Address (P.O. Box Number is Not Acceptable)
 143 YACHT CLUB DR. # 16
 City NO. PALM BEACH FL Zip Code 33408

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 *Richard L. Orlando*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ORLANDO, RICHARD L	
STREET ADDRESS	510 43RD ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
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		

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	143 YACHT CLUB DR. # 16	
CITY-ST-ZIP	No. PALM BEACH, FL. 33408	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Orlando

Date

Daytime Phone #

4/27/00 (561) 312-9752

CR2E034 (9/99)