## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P97000026209** Mar 21, 2000 8:00 am 1. Entity Name **Secretary of State** BLUE GREEN ENTERPRISES, INC. 03-21-2000 90096 034 \*\*\*158.75 Principal Place of Business Mailing Address 555 PALM BEACH LAKES BLVD. 1555 PALM BEACH LAKES BLVD. **SUITE 1100** SUITE 1100 WEST PALM BEACH FL 33401-2328 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0765714 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name GAMMON, NANNETTE Street Address (P.O. Box Number is Not Acceptable) 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH FL 33401 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE ECCLESTON, JR E NAME NAME STREET ADDRESS STREET ADDRESS 1555 PALM BCH LKS BLVD 1100 CITY-ST-ZIP CITY-ST-ZIP WPB FL 33401 ☐ Change ☐ Addition DEVP ☐ Delete TITLE TITLE. COOPER, RON NAME NAME 1555 PALM BEACH LAKES BLVD. STE 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33401 --- Delete ~ [-] Change ☐ Addition TITLE TITLE GAMMON, NANNETTE NAME NAME 1555 PALM BEACH LAKES BLVD., #1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-78P

Ron Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

561/686-2000