

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032586

1. Entity Name

BLUE HERON GOLF & COUNTRY CLUB, INC.

Principal Place of Business

316 S.E. 8TH AVE  
OKEECHOBEE FL 34974

Mailing Address

316 S.E. 8TH AVE  
OKEECHOBEE FL 34974

2. Principal Place of Business

980 SE 23rd Street

Suite, Apt. #, etc.

3. Mailing Address

980 SE 23rd Street

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Okeechobee, FL

Zip

34974

Country

Okeechobee

Zip

34974

Country

Okeechobee

4. FEI Number

65-0748108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCMaster, MARK  
1925 SE 9TH AVENUE  
OKEECHOBEE FL 34974-2525

7. Name and Address of New Registered Agent

Name

Melvin N. McMASTER

Street Address (P.O. Box Number is Not Acceptable)

980 SE 23rd Street

City

Okeechobee

FL

Zip Code

34974

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

*Melvin N. McMaster*  
Signature typed or printed name of registered agent and title if applicable.

Melvin N. McMaster

4-5-01

(NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	MCMaster, MARK N	
STREET ADDRESS	1020 S.E. 21ST ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MAGILL, RICHARD D	
STREET ADDRESS	801 S.E. 14TH ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGILL, DEBRA A	
STREET ADDRESS	801 S.E. 14TH ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MCMaster, MELVIN N	
STREET ADDRESS	980 S.E. 23RD ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMaster, RUBY F	
STREET ADDRESS	980 S.E. 23RD ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMaster, JANE E	
STREET ADDRESS	1020 S.E. 21ST ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

*Melvin N. McMaster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Melvin N. McMaster 4-5-01 863-634-3192

FILED  
Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90015 017 \*\*\*150.00

040304



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)