

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032586

1. Entity Name
BLUE HERON GOLF & COUNTRY CLUB, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90097 009 ***150.00

AV 8126090

Principal Place of Business
980 SE 23RD STREET
OKEECHOBEE FL 34974

Mailing Address
980 SE 23RD STREET
OKEECHOBEE FL 34974



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

MCMaster, MELVIN N
980 SE 23RD STREET
OKEECHOBEE FL 34974-2525

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03

Date

863-763-7670

Daytime Phone #

CR2E034 (10/02)