

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063417

1. Entity Name

BLUE WATER OF SARASOTA, INC.

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90185 011 \*\*\*150.00

Principal Place of Business

Mailing Address

1255 STARBOARD LANE  
SARASOTA FL 34242

1255 STARBOARD LANE  
SARASOTA FL 34242-2752

2. Principal Place of Business

3. Mailing Address

3920 Brown Ave

4005 Crackers Lake Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 1121

City & State

Sarasota FL

City & State

Sarasota FL

Zip

Country

34231

USA

Zip

Country

34238

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0764701

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

JEKONSKI, RYAN S  
1255 STARBOARD LANE  
SARASOTA FL 34242

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

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  
NAME JEKONSKI, RYAN S  
STREET ADDRESS 1255 STARBOARD LANE  
CITY-ST-ZIP SARASOTA FL 34242 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

4-20-00 (941) 455-4402