

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072195

1. Entity Name

BLUEWATER BAY STEWART REALTY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90799 014 ***150.00

Principal Place of Business

Mailing Address

111 VETERANS BLVD
STE 1020
METAIRIE LA 70005

111 VETERANS BLVD
SUITE 1020
METAIRIE LA 70005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **72-1419391**

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

HUSTON, GARY W
3 WEST GARDEN ST.
PENSACOLA FL 32501

Name

Gary W. Huston

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

125 West Romana St

Suite 800

City

Pensacola

FL

Zip Code 32501-3010

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 title if applicable

(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, 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 **CHBD** ☐ Delete
NAME **STEWART, FRANK B JR**
STREET ADDRESS **111 VETERANS BLVD., SUITE 1020**
CITY-ST-ZIP **METAIRIE LA 70005**

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

TITLE **CEO** ☐ Delete
NAME **MCMAMARA, JOHN C II**
STREET ADDRESS **111 VETERANS BLVD., SUITE 1020**
CITY-ST-ZIP **METAIRIE LA 70005**

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

TITLE **S/T** ☐ Delete
NAME **JARRETT, KEITH A JR**
STREET ADDRESS **111 VETERANS BLVD., SUITE 1020**
CITY-ST-ZIP **METAIRIE LA 70005**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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, typed or printed name of signing officer or director

04/13/00

Date

504-831-5252

Daytime Phone #