

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087251

i. Entity Name

BLUE GILL CHARTERS, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90120 008 \*\*\*150.00

Principal Place of Business

Mailing Address

1. BOX 3622-1

POINT FL 32346

ROUTE 1. BOX 3622-1

ALLIGATOR POINT FL 32346-9731

2. Principal Place of Business

625 MAPLE ST

Suite, Apt. #, etc.

3. Mailing Address

625 MAPLE ST

Suite, Apt. #, etc.

City & State

ALLIGATOR PT FL

Zip

32346

Country

City & State

ALLIGATOR PT FL.

Zip

32346

Country

4. FEI Number

58-2357643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COMAN, BILL

ROUTE 1, BOX 3622-1

ALLIGATOR POINT FL 32346

7. Name and Address of New Registered Agent

Name

COMAN, BILL

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

625 MAPLE ST.

City

ALLIGATOR PT. FL.

FL

Zip Code

32346

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

TITLE P  
NAME GILL, PATRICK E  
STREET ADDRESS 1930 ARMOUR BRIDGE RD  
CITY-ST-ZIP GREENSBORO GA 30642 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME GILL, PATRICK E  
STREET ADDRESS 1291 DUNCAN RD.  
CITY-ST-ZIP OXFORD GA 30054 ☐ Change ☐ Addition

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

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

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

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

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

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:

*Bill Coman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 BILL COMAN

4-11-00 (850)349-2414  
 Date Daytime Phone #

CR2E034 (9/99)