

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000081728**  
 1. Entity Name  
**Blue Water Development INC**

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90062 012 \*\*\*150.00  
 03-27-2000 90098 006 \*\*\*158.75

Principal Place of Business Mailing Address  
**Gainesville FL**

2. Principal Place of Business 3. Mailing Address  
**Gainesville FLORIDA**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**4000 S.W. 47th St Ste E-37**

City & State City & State  
**Gainesville FL 32**  
 Zip Country Zip Country  
**32608 ALACHUA ALACHUA**

4. FEI Number Applied For  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PATRICK S. MCGOWAN**  
**4000 S.W. 47th St Suite E-37**  
**Gainesville, FL 32608**

7. Name and Address of New Registered Agent  
 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 **Patrick S. McGowan** DATE **3/27/2000**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>JAMES Theroux</b> <b>4501 Sherwood TRAIL</b> <b>GAINESVILLE, FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>EDWARD ROBINSON</b> <b>150 Red Brook Harbor Rd</b> <b>CATAUMET, MA 02534</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sec</b> <b>Helen J. Davis</b> <b>4000 S.W. 47th St Suite E-37</b> <b>GAINESVILLE, FL 32608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vice President TREASURER</b> <b>TERRY M. MCGOWAN</b> <b>4000 S.W. 47th St Suite E-37</b> <b>GAINESVILLE, FL 32608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CHAIRMAN &amp; CEO</b> <b>PATRICK S. MCGOWAN</b> <b>4000 S.W. 47th St Suite E-37</b> <b>GAINESVILLE, FL 32608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 **Patrick S. McGowan** **PATRICK S. MCGOWAN** DATE **3/27/2000** DAYTIME PHONE **352-375-0763**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CHAIRMAN & CEO**

CR2E034 (9/99)