

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091856

1. Entity Name

BLUE HOUSE, INC.

Principal Place of Business

Mailing Address

126 E. Jefferson Street
Orlando, FL 32801

2. Principal Place of Business

126 E. Jefferson St.

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number

59-3613047

Applied For

Not Applicable

Zip

32801

Country

USA

Zip

Country

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

J. Bennett Grocock, P.A.
126 E. Jefferson Street
Orlando, FL 32801

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 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D/S/T	TITLE	
NAME	Henk VanDijk	NAME	
STREET ADDRESS	126 E. Jefferson St.	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32801	CITY-ST-ZIP	
TITLE	D/P	TITLE	
NAME	Steven F. Guicherit	NAME	
STREET ADDRESS	126 E. Jefferson Street	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32801	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #

Steven F. Guicherit, Pres. 2/11/00 407-422-0300

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90032 050 ***150.00

C0042101

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)