

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S80724****1. Entity Name**
BLUE WATER BEACH CLUB, INC.**Principal Place of Business**
% WILLIAM M. HEROLD, JR.
5500 MARINA DR.
HOLMES BEACH FL 34217-1540**Mailing Address**
% WILLIAM M. HEROLD, JR.
5500 MARINA DR.
HOLMES BEACH FL 34217-1540**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****HEROLD, WILLIAM M., JR.**
5500 MARINA DRIVE
HOLMES BEACH FL 33510

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, 2001 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**
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
KORPF, MAJA
5500 MARINA DRIVE
HOLMES BEACH FL
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
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CITY-ST-ZIP
☐ Delete**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:** *Maja Korpf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90375 011 ***550.00

550990

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0284054**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

CR2E034 (10/00)