

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V54547

1. Entity Name

BIG SKY LAKE CORPORATION

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90058 025 \*\*\*158.75

Principal Place of Business

Mailing Address

19612 SW 69 PLACE  
FT. LAUDERDALE FL 33332  
US

19612 SW 69 PLACE  
FORT LAUDERDALE FL 33332-1618  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0353686

Applied For

Not Applicable

Zip

Country

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

NESS, FRANK E.  
4840 SW 70 TERR.  
DAVIE FL 33314

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	BERGERON, RONALD M SR	21111 SW 16 ST. FT. LAUDERDALE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	BERGERON, RONALD M JR	5801 SW 195 TERR FT. LAUDERDALE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	BERGERON, LONNIE N	20400 SW 51-STREET FT. LAUDERDALE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	BERGERON, LONNIE T	1715 ST TROPEZ CT KISSIMMEE FL 34744	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	NESS, FRANK E	4840 SW 70 TERR DAVIE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00

Date

Daytime Phone #

CR2E034 (9/99)