

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90150 015 \*\*\*\*61.25

DOCUMENT # 746923

1. Entity Name  
*Buckingham Air Park And Landowners  
Association, Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*6751 Cadet Avenue*  
Suite, Apt. #, etc.  
*Fort Myers, Florida*  
City & State

3. Mailing Address  
*6751 Cadet Avenue*  
Suite, Apt. #, etc.  
*Fort Myers, Florida*  
City & State

DO NOT WRITE IN THIS SPACE

Zip *33905* Country *U.S.A.* Zip *33905* Country *U.S.A.*

4. FEI Number  
*592499589*

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Rose Caskey*  
Street Address (P.O. Box Number is Not Acceptable)  
*6931 Circle Drive*  
City *Fort Myers,* FL Zip Code *33905*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rose Caskey, Secretary and Treasurer* *6-12-03*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D.P. Bill Moxley 6790 Circle Drive Ft. Myers, Fl. 33905</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D. V.P. Pat Robinson 6731 Cherokee Ft. Myers, Fl. 33905</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D.M. Bob Haas 6740 Cherokee Ft. Myers, Fl. 33905</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D.M. Bruce Skaggs 6801 North Drive Ft. Myers, Fl. 33905</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D. S, T. Rose Caskey 6931 Circle Drive Ft. Myers, Fl. 33905</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rose Caskey - Rose Caskey* *6-12-03 (239)693-1165*

CR2E037B (12/02)