

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

01-24-2003 90081 035 ****61.25

DOCUMENT # N20123

1. Entity Name

BLUE SKY'S CO-OP, INC.



Principal Place of Business

Mailing Address

**6405 RADIO RD
NAPLES FL 34104
US**

**6405 RADIO RD
NAPLES FL 33942
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2803217**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURRELL, ROBERT E
800 LAUREL OAK DR #300
NAPLES FL 34108**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **DAVIS, GARY**
STREET ADDRESS **179 SAND DR**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **LEGGE, ROBERT**
STREET ADDRESS **171 SAND DRIVE**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **KEE MIT SIMMONS**
STREET ADDRESS **3 BLUE SKYS DR.**
CITY-ST-ZIP **NAPLES, FLA. 34104**

TITLE **DS** ☐ Delete
NAME **FRANK, COLE**
STREET ADDRESS **101 JAN DRIVE**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **GREEN, CHUCK**
STREET ADDRESS **5 BLUE SKYS DR**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **SOCH, JOHN**
STREET ADDRESS **180 SAND DR**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **V** ☒ Change ☐ Addition
NAME **Bobby Killebrew**
STREET ADDRESS **153 SAND DR**
CITY-ST-ZIP **NAPLES FLA 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-20-03

238-643-1077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)