

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90074 043 ****61.25

DOCUMENT # 768992

1. Entity Name

HITCHING POST CO-OP, INC.

Principal Place of Business

**32 CHEYENNE TRAIL
 NAPLES FL 33962**

Mailing Address

**32 CHEYENNE TRAIL
 NAPLES FL 33962**

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

59-2369192

Applied For

Not Applicable

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

**HORNBACK, KIM C ESQ
 SUITE B 5455 JAEGER RPAD
 NAPLES FL 34109**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **ESKRIDGE, RICHARD O**
 CITY-ST-ZIP **2 CREEK CIRCLE
 NAPLES FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BERGER, J M**
 CITY-ST-ZIP **109 BAREFOOT WILLIAMS ROAD
 NAPLES FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KUPRION, ROBERT**
 CITY-ST-ZIP **1 OSAGE TRAIL
 NAPLES FL**

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

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **DARBY, KAY**
 CITY-ST-ZIP **16 CHEYENNE TRAIL
 NAPLES FL**

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Patricia Ciocco**
 CITY-ST-ZIP **4 Spanish Tr Naples Fl 34113**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **BROWN, EDWARD**
 CITY-ST-ZIP **1 PECOS TRAIL
 NAPLES FL**

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **SLOSS, BETTY**
 CITY-ST-ZIP **105 BAREFOOT WILLIAMS RD
 NAPLES FL**

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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard O. ESKRIDGE President

Date

Daytime Phone #

4-12-01

941-774-4525

CR2E037 (10/00)