

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90058 019 \*\*\*\*61.25

**DOCUMENT # 768992**

1. Entity Name

**HITCHING POST CO-OP, INC.**

Principal Place of Business

Mailing Address

**32 CHEYENNE TRAIL  
 NAPLES FL 33962**

**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

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

7. Name and Address of New Registered Agent

Name **DAVID E. LEIGH, ATTORNEY AT LAW**  
 Street Address (P.O. Box Number is Not Acceptable)  
**The Newgate Tower**

**5150 Tamiami Trail North - Suite 500**

City **Naples, FL** Zip Code **34103**

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 **DAVID E. LEIGH, ATTORNEY AT LAW**

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

(NOTE: Registered Agent signature required when reinstating)

**4/17/02**

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

|                                                |                                                                                                       |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>ESKRIDGE, RICHARD O<br/>2 CREEK CIRCLE<br/>NAPLES FL</b> <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BERGER, J M<br/>109 BAREFOOT WILLIAMS ROAD<br/>NAPLES FL</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>KURRIAN, ROBERT<br/>1 OSAGE TRAIL<br/>NAPLES FL</b> <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>CIOCCO, PATRICIA<br/>4 SPANISH TR<br/>NAPLES FL 34113</b> <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>BROWN, EDWARD<br/>1 PECOS TRAIL<br/>NAPLES FL</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>SLOSS, BETTY<br/>105 BAREFOOT WILLIAMS RD<br/>NAPLES FL</b> <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

**TREASURER  
 ROBERT K. IRWIN  
 19 CHEROKEE TRAIL  
 NAPLES, FL 34113**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/02**

Date

**(239) 774-4525**

Daytime Phone #

CR2E037 (9/01)