## 2001 UNIFORM RUSINESS REPORT (URB)

200	1 UNIFORM BUS	INESS REPO	RT (UB		FIL	ED	
DOCUMENT # N9900003666 1. Entity Name					Apr 03, 2001 8:00 am Secretary of State		
BLUEG	RASS FOUNDATION, INC.				04-03-2001 9009	1 005 ****61	.25
Principal Plac	ce of Business	Mailing Address					
850 PARK SHORE DIRVE THIRD FLOOR NAPLES FL 34103		850 PARK SHORE DIRVE THIRD FLOOR NAPLES FL 34103					
<b>6</b> Delegie - 1	No. of Charles						
	Place of Business ewood Drive	5551 Ridgewood Dr.	3. Mailing Address 5551 Ridgewood Drive				01717 8411 4887
Suite, Apt Suite 101	. #, etc.	Suite, Apt. #, etc. Suite 101			DO NOT WRITE IN	THIS SPACE	
City & State Naples, Florida		City & State Naples, Florida		4. FEI Numbe	59-3584274		pplied For lot Applicable
Zip 34108-271		Zip 34108-2718	Country USA	5. Certificate	of Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent	Name	7. Name and E. Westman	Address of New Registe	ered Agent	
GAST, JOHN D				Street Address (P.O. Box Number is Not Acceptable) 5551 Ridgewood Drive			
850 PAR	k shore dirve third floor		Suite 101				
NAPLES	FL 34103	}	City Naple			FL	<del>Je</del>
8. The above	e named entity submits this statement for	or the purpose of changing its				1 -   34100	-2/10
		1	-		_		
SIGNATURE	Carl L.V		rl E. Westm			30-01	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Hegistered Agent sign	ature required when reinstating)		DATE	
	FILE NOW:			\$5.00 May Be Added to Fees			
	FEE IS \$61.25						
TITLE	OFFICERS AND DI	RECTORS X Delete	11.	ID.	ANGES TO OFFICERS AN	D DIRECTORS IN (X) Change	N 10 Addition
NAME	BROWN, GARY B	F-1 Detelle	NAME	Carl E. Westman		[23] Orlongo	
STREET ADDRESS CITY-ST-ZIP	10 DOX 410021		STREET ADDRESS	ss 5551 Ridgewood Drive, Suite 101 Naples, Florida 34108—2718			
TITLE	NAPLES FL 34101-3021	X Delete	TITLE	D		Change	Addition
NAME	GAST, JOHN D			Michael Reynolds 5551 Ridgewood Drive Suite 101			
STREET ADDRESS CITY-ST-ZIP	S 850 PARK SHORE DIRVE THIRD FLOOR STREET - NAPLES FL 34103 - CITY			I Naples, Florada 34108—2718			
TITLE	D	☐ Delete	TITLE	C	<u></u>	☐ Change	Addition
NAME STREET ADDRESS	Ware, John D 3736 Rachel Lane		NAME STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP			<u></u>	
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS			STREET ADDRESS				Į
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				1
CITY-ST-ZIP		cr	CITY-ST-ZIP				
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address	true and accurate and that my	v signature shall l	have the same legal effect	as if made under oath: th	nat Lam an officer.	or director 1

Carle E. Westman

SIGNATURE:

3-30-0/941-593-1800 Date Daytime Phone

Daytime Phone #