

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90340 034 \*\*\*\*61.25

**DOCUMENT # N99000003666**

1. Entity Name

**BLUEGRASS FOUNDATION, INC.**

Principal Place of Business

Mailing Address

~~5551 RIDGEWOOD DR~~  
~~STE 101~~  
~~NAPLES FL 34108-2718~~

~~5551 RIDGEWOOD DR~~  
~~STE 101~~  
~~NAPLES FL 34108-2718~~

2. Principal Place of Business

**3003 Tamiami Trail North**

3. Mailing Address

**3003 Tamiami Trail North**

Suite, Apt. #, etc.

**Suite 300**

Suite, Apt. #, etc.

**Suite 300**

City & State

**Naples, FL**

City & State

**Naples, FL**

Zip

**34103**

Country

**USA**

Zip

**34103**

Country

**USA**

4. FEI Number

**59-3584274**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WESTMAN, CARL E**

~~5551 RIDGEWOOD DR~~

~~STE 101~~

~~NAPLES FL 34108-2718~~

**3003 Tamiami Trail N. #300**

**Naples, FL 34103**

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 **D** ☐ Delete  
NAME **WESTMAN, CARL E**  
STREET ADDRESS ~~5551 RIDGEWOOD DR STE 101~~ **3003 Tamiami**  
CITY-ST-ZIP ~~NAPLES FL 34108-2718~~ **Trail N, #300**

TITLE **D** ☐ Change ☐ Addition  
NAME **Westman, Carl E.**  
STREET ADDRESS **3003 Tamiami Trail North, Suite 300**  
CITY-ST-ZIP **Naples, FL 34103**

TITLE **D** ☐ Delete  
NAME ~~REYNOLDS, MICHAEL~~  
STREET ADDRESS ~~5551 RIDGEWOOD DR STE 101~~  
CITY-ST-ZIP ~~NAPLES FL 34108-2718~~

TITLE **D** ☒ Change ☐ Addition  
NAME **Jacques Aebli, III**  
STREET ADDRESS **c/o 3003 Tamiami Trail North, Suite 300**  
CITY-ST-ZIP **Naples, FL 34103**

TITLE **D** ☐ Delete  
NAME **WARE, JOHN D**  
STREET ADDRESS **3736 RACHEL LANE**  
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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)(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:

**CARL E. WESTMAN - Registered Agent**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-23-02** Daytime Phone #

CR2E037 (9/01)