

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**  
 02-24-2000 90048 012 \*\*\*\*70.00

**DOCUMENT # 703295**

1. Entity Name  
**SOUTH FLORIDA COUNCIL INC., BOY SCOUTS OF AMERIC**

Principal Place of Business      Mailing Address  
 15255 NW 82ND AVE      15255 NW 82ND AVE  
 MIAMI LAKES FL 33016      MIAMI LAKES FL 33016-1476  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**59-0637817**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HERRMANN, JEFFRIE A**  
**15255 NW 82ND AVE**  
**MIAMI LAKES FL 33016**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | P                              | <input type="checkbox"/> Delete |
| NAME           | TILLET, WILLIAM R              |                                 |
| STREET ADDRESS | 200 S BISCAYNE BLVD            |                                 |
| CITY-ST-ZIP    | MIAMI FL 33133                 |                                 |
| TITLE          | D                              | <input type="checkbox"/> Delete |
| NAME           | HERRMANN, JEFFRIE A            |                                 |
| STREET ADDRESS | 15255 NW 82ND AVE              |                                 |
| CITY-ST-ZIP    | MIAMI LAKES FL 33016           |                                 |
| TITLE          | VP                             | <input type="checkbox"/> Delete |
| NAME           | ARBOLEYA, CARLOS               |                                 |
| STREET ADDRESS | 1941 SW 23RD ST                |                                 |
| CITY-ST-ZIP    | MIAMI FL 33145                 |                                 |
| TITLE          | D                              | <input type="checkbox"/> Delete |
| NAME           | CASEY, MICHEAL W               |                                 |
| STREET ADDRESS | 200 S BISCAYNE BLVD SUITE 3600 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131                 |                                 |
| TITLE          | D                              | <input type="checkbox"/> Delete |
| NAME           | SANDERS, DOUGLAS J.            |                                 |
| STREET ADDRESS | 1 ALHAMBRA PLAZA, SUITE 620    |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL                |                                 |
| TITLE          | p                              | <input type="checkbox"/> Delete |
| NAME           | M. Anthony Burns               |                                 |
| STREET ADDRESS | President/Chairman/CEO         |                                 |
| CITY-ST-ZIP    | Ryder System, Inc.             |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                              |                                                                              |
|----------------|------------------------------|------------------------------------------------------------------------------|
| TITLE          | D                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Tillett, Bill R.             |                                                                              |
| STREET ADDRESS | 201 S. Biscayne Blvd., #3180 |                                                                              |
| CITY-ST-ZIP    | Miami, FL 33131              |                                                                              |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |                                                                              |
| STREET ADDRESS |                              |                                                                              |
| CITY-ST-ZIP    |                              |                                                                              |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |                                                                              |
| STREET ADDRESS |                              |                                                                              |
| CITY-ST-ZIP    |                              |                                                                              |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |                                                                              |
| STREET ADDRESS |                              |                                                                              |
| CITY-ST-ZIP    |                              |                                                                              |
| TITLE          |                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *[Signature]*      SIGNATURE REQUIRED      Jeffrie A. Herrmann      (305) 364-0020  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      1/7/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)