2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 703295

FILED Feb 10, 2002 8:00 AM Secretary of State

Entity Name: SOUTH FLORIDA COUNCIL INC., BOY SCOUTS OF AMERICA

Current Pi	rincipal Place o	of Business:	New Princ	New Principal Place of Business:		
	82ND AVE ES, FL 33016	US				
Current Mailing Address:			New Maili	New Mailing Address:		
	82ND AVE ES, FL 33016	US				
FEI Number:	59-0637817	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate o	of Status Desired (X)	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Regist	ered Agent:	
15255 NW	N, JEFFRIE A 82ND AVE ES, FL 33016	US				
	named entity su of Florida.	ubmits this statement for the po	urpose of changing i	ts registered office or regi	stered agent, or both,	
SIGNATUF		Oissant and Assant	-1			
		Signature of Registered Age		Da		
OFFICERS	S AND DIRECT	ORS:	ADDITION	S/CHANGES TO OFFICE	ERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ()[BURNS, M ANTH 3600 NW 82ND A MIAMI, FL 33166	AVENUE	Title: Name: Address: City-St-Zip:	C (X) Change () A BURNS, M ANTHONY 3600 NW 82ND AVENUE MIAMI, FL 33166	Addition	
Title: Name: Address: City-St-Zip:	D ()E HERRMANN, JEF 15255 NW 82ND MIAMI LAKES, F	AVE	Title: Name: Address: City-St-Zip:	()Change()/	Addition	
Title: Name: Address: City-St-Zip:	VP () E ARBOLEYA, CAF 1941 SW 23RD S MIAMI, FL 33148	ST	Title: Name: Address: City-St-Zip:	()Change()/	Addition	
Title: Name: Address: City-St-Zip:	CASEY, MICHEA	BLVD SUITE 3600	Title: Name: Address: City-St-Zip:	()Change()/	Addition	
Title: Name: Address: City-St-Zip:	D () E SANDERS, DOUG P O BOX 145336 CORAL GABLES	3	Title: Name: Address: City-St-Zip:	()Change()/	Addition	
Title: Name: Address: City-St-Zip:	D ()[TILLETT, WILLIA 255 ARAGON AV CORAL GABLES	ENUE	Title: Name: Address: City-St-Zip:	()Change()/	Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFRIE HERRMANN D 02/10/2002

NORMAN SILBER, PRESIDENT 15255 NW 82 AVE MIAMI LAKES, FL 33016

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