

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703295

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

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

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

City & State City & State

Zip Country Zip Country

FILED
03 JUN 23 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0637817 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
HERRMANN, JEFFRIE A
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 \$67.25

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	<input checked="" type="checkbox"/> Chairman	<input type="checkbox"/> Delete
NAME	BURNS, M ANTHONY	
STREET ADDRESS	3600 NW 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	<input type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	HERRMANN, JEFFRIE A	
STREET ADDRESS	15255 NW 82ND AVE	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	<input type="checkbox"/> VP	<input type="checkbox"/> Delete
NAME	ARBOLEYA, CARLOS	
STREET ADDRESS	1941 SW 23RD ST	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	<input type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	CASEY, MICHEAL W	
STREET ADDRESS	200 S BISCAYNE BLVD SUITE 3600	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	<input type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	SANDERS, DOUGLAS J.	
STREET ADDRESS	P O BOX 145336	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	<input type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	TILLET, WILLIAM R	
STREET ADDRESS	255 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norman Silber	
STREET ADDRESS	701 Brickell Avenue, Suite 1900	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	100020754470	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	06/10/03--01042--013 **70.00	
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 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)(f), 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: Jeffrie A. Herrmann 06/03 305-364-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Daytime Phone #

7/6/23